

**DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION**

**LOW-INCOME HOME ENERGY ASSISTANCE
PROGRAM
(LIHEAP)**

POLICY AND PROCEDURES MANUAL

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FORMS

LIHEAP FORMS

Form Number	Form Name	Location
EA-1	Low Income Home Energy Assistance Program (LIHEAP) Heating and/or Cooling Assistance Application	EA Web Site http://www.dss.mo.gov/fsd/liheap.htm
EA-1B	Information Request	One Form
EA-1E	Energy Assistance Landlord/Renter Documentation Request	One Form
EA-3	Employee Wage Documentation Report	One Form
EA-6	Energy Assistance Eligibility Notice: Eligible Eligible – Natural Gas Customer Ineligible	AFP produced by IT
Denial Letter	Energy Assistance Notice of Denial	FSD Form
EA-7	Energy Assistance Payment Notice	AFP produced by IT
EA-8	Energy Assistance Claims and Restitution	One Form
EA-10	Energy Assistance Check Cancellation Notice	One Form
EA-11	Energy Assistance Check Reissuance Request	One Form
IM-87	Application for State Hearing	FSD Form
IM-214	Affidavit for Replacement Check	FSD Form
IM-215	Affidavit of Forgery	FSD Form

SECURITY FORMS

Form Number	Form Name	Location
	Security Forms Instructions	Word Document
	Access Request	Word Document
	DSS Confidentiality Statement	PDF Document
FA700	Confidentiality Agreement	Word Document
FA701	FAMIS User Request	Word Document
FA702	Request for Access to FAMIS Information	Word Document

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INTRODUCTION

INTRODUCTION

Low-Income Home Energy Assistance Program (LIHEAP) is a block grant program. It is designed to assist low-income individuals particularly those with the lowest income, which pay a high proportion of household income for home energy in meeting their immediate energy needs. The grant is administered by the Federal Department of Health and Human Services (HHS) Office of Community Service (OCS) within the Administration for Children and Families (ACF). LIHEAP was designed to provide help to low-income households targeting the elderly, disabled and households with young children as insufficient heating and cooling can cause health and safety issues for these homes.

The State of Missouri Family Support Division (FSD) applies for and receives LIHEAP funding and then contracts with Missouri Community Action Agencies (CAA) to conduct the eligibility determination for LIHEAP applications. By agreement, CAA's will:

- Adhere to eligibility requirements outlined by FSD manuals.
- Inform all applicants of the opportunity to appeal the LIHEAP decision.
- Comply with the Department of Social Services (DSS) Policy on Confidentiality.
- Comply with provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996.
- Utilize LIHEAP funds only for purposes approved by FSD.
- Maintain records for three (3) years and make all records available to FSD or its designated representatives.

FSD's Low-Income Home Energy Assistance Program (LIHEAP) and Community Service Block Grant (CSBG) Unit has developed this LIHEAP Manual to include policy, procedures and step-by-step instructions. The target audience for this manual is all LIHEAP users, including FSD and CAA staff.

LEGAL BASIS

The legal basis for the administration of LIHEAP and requirements are set forth in Title XXVI of the Omnibus Budget Reconciliation Acts of 1981 (P.L. 97-35), amended by the Human Services Reauthorization Acts of 1984 (P.L. 98-558), Human Services Reauthorization Act of 1986 (P.L. 99-425), Augustus F. Hawkins Human Services Reauthorization Act of 1990 (P.L. 101-501), Human Services Amendments of 1994 (P.L. 103-252), and the Coats Human Services Reauthorization Act of 1998 (P.L. 105-285).

Legislation authorizes block grants to states "to assist low-income households, particularly those with the lowest income, that pay a high proportion of household income for home energy, primarily in meeting their immediate home energy needs."

Administration of LIHEAP was entrusted to the Department of Social Services (DSS) under provisions of House Bill 1009 enacted by the 80th General Assembly.

STRUCTURE

LIHEAP has two components: Energy Assistance (EA) and Energy Crisis Intervention Program (ECIP). Eligibility requirements for LIHEAP are based on income, household size, available resources and responsibility for payment of home energy costs.

Energy Assistance (EA)

Energy Assistance is designed to provide financial assistance to help pay primary fuel source heating bills for Missourians during the months of October, November, December, January, February and March. The EA benefit amount is based upon household size, income and the type of fuel used for home heating.

Energy Crisis Intervention Program (ECIP)

ECIP is designed to provide financial assistance to households in a verifiable energy crisis. This crisis is defined as receipt of termination or disconnect notice indicating a specific disconnect date or final billing statement advising the account has been terminated or if they are a cash on delivery (COD) customer. ECIP funds can be used for primary or secondary fuel sources.

Winter ECIP

Winter ECIP is primarily used to restore or prevent disconnection of service when the amount of assistance available through EA and any other state or local program is not adequate to secure this commitment from the supplier.

- Is available from October through May based upon funding.
- Benefit amount is to be the amount required to resolve crisis.
- Maximum Benefit amount is \$800.00.

Summer ECIP

Summer ECIP is primarily used to restore or prevent disconnection of services of a cooling energy source during the summer months.

- Is available from June through September based upon funding.
- Benefit amount is to be the amount required to resolve crisis.
- Maximum Benefit amount is \$300.00.

ECIP funds can also be used for emergency repairs or purchases needed to maintain or restore heating and/or cooling. This includes purchasing wood stoves, air conditioners, fans, providing temporary shelter and weatherization materials not covered under the Weatherization Assistance Program (WAP) which can include repairing furnaces and broken windows, purchasing caulking and weather stripping. Any amount spent on crisis repairs and purchasing will be deducted from the maximum benefit amount.

COMPUTER SECURITY ACCESS

Energy Assistance information is recorded in the FSD EA System. There are four (4) types of security access available to users. These 4 types are:

- Inquire; allows access to the EA System, but user can only view case information
- Update; allows access to the EA System and user can perform add and update functions
- Management; allows access to the EA System, add/update functions and allows additional changes to be made on the EA System by management only
- DCN; each agency may designate three (3) staff members who can add Departmental Client Numbers (DCN's) to the Department of Social Services (DSS) common area. This is required when an applicant or household member is not found in the DSS common area and requires adding

In order to be granted access to the EA System, users must submit the following forms to FSD for processing:

- State of Missouri Department of Social Service Access Request
- DSS Confidentiality & Information Security Agreement
- Missouri Department of Social Services Division of Family Services Confidentiality Agreement (FA700)
- Missouri Department of Social Services Division of Family Services FAMIS User Request to Access the FAMIS system (FA701)
- Missouri Department of Social Services Division of Family Services Request for Access to FAMIS Information Access or Revocation of Profile to a FAMIS User Granted by Local Security Administrator (FA702)

The original forms with original signatures must be received by FSD before security access is processed. Faxed forms will no longer be acceptable to add users to the EA system. These forms and their instructions are included in the Forms section.

NOTE: The Access Request and the FA702 must also include a designated supervisor's signature.

If a CAA employee, including seasonal workers, leaves the agency, FSD must be notified by completing the Access Request as soon as possible after their departure and submitting the form to FSD. For assistance, please contact the security officer by phone. This form can be faxed and only requires the designated supervisor's signature.

If an employee fails to sign onto the EA System for 90 days, their password will be revoked and they will be required to complete all the forms for EA System access again. Again this will require original forms before processing.

After you receive a user ID you will be able to sign onto the EA System through the internet at the following web site:

<http://www.dss.mo.gov/fsd/liheap.htm>

For your initial sign on you will use the user ID provided and the password will be the first letter of your first name, the first letter of your last name and the last four digits of your Social Security Number followed by the # symbol. A message will appear advising you that the password has expired and you will need to enter a new password. Enter a new password between 7 and 8 characters and retain this information for future use.

NOTE: Keep the password in a confidential area so others will not be able to access this information. The password must contain at least one numeric character. After entering this information, you will be prompted to enter the same password again. A prompt will appear indicating the password was accepted.

SIGNING ONTO EA SYSTEM

The screenshot shows the Missouri Department of Social Services website. The header includes the department name, navigation links (Home, Children, Family, Health Care, Youth, Local Offices), and contact information for Governor Matt Blunt and Director Deborah E. Scott. The main content area is titled "Low Income Home Energy Assistance" and describes the program's components: Energy Assistance/Regular Heating (EA) and Energy Crisis Assistance Program (ECIP). It lists eligibility requirements based on income, family size, and available resources. A section titled "Who Is Eligible?" provides information on income guidelines and caseworker assistance. A list of links includes Energy Supplier On-Line Access, Community Action Agency On-Line Access, Heating & Cooling Assistance Instructions & Application, Federal Applications, and Energy Assistance Program brochure. A section titled "Links to Other Energy Assistance Internet Resources:" lists the Missouri Association for Community Action, U.S. Dept. Health & Human Services LIHEAP, and Natural Resources Energy Center. The footer includes a search bar, navigation links, and the date 09/12/06.

Missouri Department of Social Services

Home | A to Z | Jobs | Search

Matt Blunt, Governor
Deborah E. Scott, Director

Home Children Family Health Care Youth Local Offices

Family Support Division

«Information»

- Contact DSS
- DSS Divisions
- Director's Office
- Caseload Counter
- Reading Room
- Toll Free Numbers
- Tax Credits

«Headlines»

- Jamison Decision
- Durable Medical Equipment Information
- Missouri Rx Plan
- Medicaid Transformation Report
- Press Releases

Search DSS

Go

Adoption Information

ATTENTION - Reserve & National Guard Soldiers

Low Income Home Energy Assistance

The Missouri Low Income Home Energy Assistance Program (LIHEAP) has two components: Energy Assistance/Regular Heating (EA) and Energy Crisis Assistance Program (ECIP). EA is designed to provide financial assistance to help pay heating bills for Missourians during the months of October, November, December, January, February, and March. Eligibility requirements for EA are based on income, family size, available resources and responsibility for payment of home heating costs. Eligibility for EA may also qualify individuals for additional financial assistance through ECIP and/or weatherization services funded by LIHEAP.

Who Is Eligible?

Households that meet income guidelines based on family size. Caseworkers in [Community Action Agencies](#) provide information concerning requirements.

- ☒ [Energy Supplier On-Line Access](#) (authorization required)
- ☒ [Community Action Agency On-Line Access](#) (authorization required)
- ☒ [Heating & Cooling Assistance Instructions & Application](#) (PDF file)
- ☒ [Federal Applications](#)
- ☒ [Energy Assistance Program brochure](#)

Links to Other Energy Assistance Internet Resources:

- [Missouri Association for Community Action](#)
(communityaction.org)
- [U.S. Dept. Health & Human Services LIHEAP](#)
(www.acf.dhhs.gov/programs/liheap/)
- [Natural Resources Energy Center](#)
(www.dnr.mo.gov/energy/)

[back](#) | [FSD](#)

09/12/06

DSS Home Divisions Contact DSS

SIGNING ONTO EA SYSTEM:

1. Access <http://www.dss.mo.gov/fsd/liheap.htm> web site and click on Community Action Agency On-Line Access.
2. Click on Energy Assistance Registration Screen box located at the top of the screen.
3. Security Alert Box will display and you will click on the OK button.
4. Connect to www.prod.dss.mo.gov box will display and you will type in your User name and Password and click OK button.
5. You will now be signed onto the EA system and the Energy Assistance Application Registration Screen will now display.

NOTE: You may access other EA screens by clicking on the screen you wish to display.

If you experience trouble with your password when signing on for the first time or if your password needs to be reset, you may call the Department of Social Service (DSS) Information Technology and Service Division (ITSD) help desk numbers 1-800-392-8725 or 1-800-663-2647 for assistance.

CONFIDENTIALITY

The information accessed in the EA System is confidential and should not be shared outside of the requirement to determine a household or individual eligible or ineligible for LIHEAP. Viewing information on the computer screen and printing information for the case record should be done with great attention to keeping confidential information secure. Listed below are a few ideas to help secure confidential information:

- Log off the EA System before leaving your station
- Pay attention to who can see computer screens and what information is being displayed
- Pick up printed records immediately from network printers
- Do not leave records unattended on desks
- Enclose paperwork in a folder, file and lock the drawer it is kept in
- Shred documents before disposal or recycling

Efforts have been taken to include functionality in the EA System to protect customer information. If more than twelve minutes elapses between transactions, the user will see a pop-up window with a notification that the browser will be closed in three minutes if an actual transaction is not initiated.

When disposing of confidential information, users should ensure it is being shredded before it is recycled or disposed. This practice will guard against fraud and serve to protect our customers. Examples of confidential information include Social Security Number, date of birth, address, name, etc.

Policy requires a Community Action Agency (CAA) to retain all records for 3 years.

If a CAA is scanning and producing images of documents and plans to shred paper documentation before the 3 year time frame, written approval must be obtained from the Family Support Division before any shredding begins.

PROCESS OVERVIEW

There are three major areas included in EA processing. These are the following:

- Application
- Determination
- Payment

Please see Appendix A for the Process Overview flow chart.

LIHEAP ENERGY ASSISTANCE SYSTEM OVERVIEW

The LIHEAP EA System is designed to record the registration, associate members to the application, record information from the application form, determine income eligibility and process EA payments. The information from each screen in the system builds upon the information you entered on the previous screen.

LIHEAP Registration (E1RG) Screen

When you sign on the LIHEAP System the LIHEAP Registration (E1RG) screen will display. At the bottom of E1RG are a series of buttons and links with the other screens transaction IDs. Buttons will display in grey boxes and when clicking on a button the applicant information will be carried to the next screen. Links will display the transaction ID with an underline and when clicking on a link you will be taken to the screen and applicant information will not be carried to the screen.

The purpose of the E1RG screen is to register the LIHEAP application. This screen will also display the status, payment amount and supplier information. From E1RG you can access the LIHEAP Case Notes (E1CN) screen where you can add or review case notes.

LIHEAP Member (E1MM) Screen

After completing the E1RG screen you will click the E1MM button to access the LIHEAP Member (E1MM) screen. On the E1MM screen you will associate the members to the applicant and case. You will also enter information concerning disability for each member, their status and whether they are the account holder. On this screen you will indicate if the case is a landlord or renter situation.

LIHEAP Application (E1AP) Screen

After completing the E1MM screen you will click on the E1AP button to access the LIHEAP Application (E1AP) screen. On the E1AP screen you will add household information including the address, primary and secondary supplier information and landlord/renter information if applicable. The E1AP screen is also where you will record

LIHEAP ineligibility for any reason other than excess income or negative supplier response.

LIHEAP Worksheet (E1LW) Screen

After completing the E1AP screen the next step in determining income eligibility requires clicking on the E1LW button to access the LIHEAP Worksheet (E1LW) screen. The E1LW will display the income calculations, the primary and secondary supplier information, renter information, ECIP benefits and other payments.

The E1LW will access FAMIS to determine if the members are receiving food stamps in a Food Stamp Eligibility Unit (FSEU) and will bring back income and child support deduction information from this system. For members that are not active on a FSEU you will enter the information using the LIHEAP Income Summary (E1IS) screen which is accessed from the E1LW screen. For individual member income you will access the LIHEAP Income Detail (E1ID) screen from the E1IS screen. The E1ID screen will allow you to enter and verify individual member income and deduction amounts.

Once the E1LW is verified it will display the EA benefit amount. If the case is ineligible due to excess income it will update the E1AP screen.

Once E1RG, E1MM, E1AP and E1LW screens have been entered and verified, changes can be made to the screens until the weekly payroll process runs.

LIHEAP Action (E1AC) Screen

The LIHEAP Action (E1AC) screen can be accessed from any screen and will display the date, time, transaction ID, member SSN and a description of the case action. This screen can be used to view a history of actions taken on a given case.

LIHEAP Payment Information (E1PY) Screen

The payroll process will either generate a direct payment to the applicant or a client eligibility listing to the participating supplier.

After payments are processed you can view this information on the LIHEAP Payment Information (E1PY) screen. The status and payment information for a case can also be viewed on the E1RG screen.

Please see Appendix B for the LIHEAP Energy Assistance System Overview Flow Chart.

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APPLICATION

INTRODUCTION

There is one application form for the Low-Income Home Energy Assistance Program (LIHEAP). Once an applicant is approved for LIHEAP, eligibility will continue for one program year which is defined as October 1st through September 30th.

To process an application there are several areas to consider including the following:

- Distribution including how the agency and applicant receive the application form
- Registration including the time frame, the procedural steps to identify, enter and track the individual who is making application for a household, LIHEAP Registration (E1RG) procedure, Departmental Client Number (DCN) assignment, information not matched on the common area, application status and supplier information on E1RG
- Eligibility
- Household definition, determination and categories
- Ineligibility
- Documentation
- Application time frame, priority applications and emergency services
- Application processing and procedures

DISTRIBUTION

LIHEAP applications are made available by the Family Support Division (FSD) to the Community Action Agency (CAA) and to the applicant. All applications are returned to the CAA for eligibility determination.

FSD to CAA

FSD will provide each CAA with pre-addressed sealed LIHEAP applications prior to the beginning of the program year. This will include all households that were approved for the Energy Assistance (EA) component during the previous program year and are currently living in their service area. A report listing these applicants will be emailed to the CAA. This listing includes an asterisk indicating the applicant or spouse that has been identified as elderly (60 or over) or disabled.

CAA to Applicant

Each CAA will establish a mailing schedule for the pre-addressed LIHEAP applications. All mailed out applications should be sent first class. This mailing schedule will consider the following:

- On October 1, applications for applicants or spouses that are elderly/disabled can be processed;
- On November 1, the CAA will begin accepting and processing applications for all households; and
- By December 1 of the current program year all pre-addressed sealed LIHEAP applications must be mailed.

The LIHEAP web site (<http://www.dss.mo.gov/fsd/liheap.htm>) contains a link to the Heating and Cooling Assistance Instructions and Application. This form will be printed by the CAA for distribution. The applications printed by the CAA from the web site will be made available by mail, fax, or in person to anyone upon request.

NOTE: The applicant may also access the LIHEAP web site directly, download and print the application for completion.

Home visits to take an application will be made within 30 days of the request when a valid reason exists. The decision regarding the necessity of a home visit will be made by the CAA LIHEAP Manager.

Applicant to CAA

Applications may be returned to the CAA by mail, fax or in person. All applications are processed by the CAA that services the applicant's county of residence. If an application is received for a resident of a county that is not serviced by that CAA, the application will be registered using the county code number (reference Appendix C) for the county in which the applicant resides. After registering the case, mail the complete application form first class with any accompanying documentation to the agency which provides services where the applicant resides. If the applicant is in crisis, the registered application and accompanying documents should be faxed, scanned or emailed to the CAA that services the applicant's county of residence.

When an application must be transferred, timeframes for application processing remain at 30 days for non-crisis, 18 hours for life-threatening crisis and 48 hours for an energy crisis.

Guardianship applications must be returned and processed in the CAA service area in which the applicant actually resides, not the guardian.

If a duplicate application is received, the CAA must send a local letter or the ENERGY ASSISTANCE NOTICE OF DENIAL (Reference Forms Section) to the applicant. Once an individual has been approved for EA they cannot be approved again within the same program year. The system does not allow entry of a duplicate application.

NOTE: An application by a CAA employee or immediate family member must be returned to the CAA service area in which the employee resides and processed by a

Manager/Supervisor. In addition, another Manager/Supervisor must review and validate the decision.

REGISTRATION

The registration and application process begins with the date the application is received by the CAA. This date will be stamped or recorded on the application form. This date is considered the date of application and all processing time frames begin on this date. The application must be registered within 3 working days of the date stamped/recorded. The application must be processed within 30 calendar days of the date stamped/recorded.

The EA component of LIHEAP is registered on the LIHEAP Registration (E1RG) screen. If the application involves processing for the Energy Crisis Intervention Program (ECIP) component of LIHEAP, the applicant will be recorded in the Missouri Association for Community Action (MACA) Management Information System (MIS) or designated CAA computer system.

E1RG will be used as an administrative tool for:

- Tracking an application or reapplication
- Monitoring processing time frames
- Identifying duplicate applications
- Assisting in preventing duplicate payments
- Tracking the total number of pending applications by County, CAA and the Statewide totals
- Providing information on the resolution of an application

Applicant Designation

The applicant is defined as the individual whose signature is on the application. Applicants should be an individual that is 18 or over and residing in the household, as determined by the individuals listed in the HOUSEHOLD INFORMATION section on the Missouri Department of Social Services Family Support Division Low-Income Home Energy Assistance Program (LIHEAP) Heating and/or Cooling Assistance Application (EA-1).

Applicants between the age of 15 and 18 where there is not another household member over the age of 18 can be considered an applicant.

If the applicant is under the age of 15, the application will be denied. The notice of denial should be sent to the under age applicant.

The fuel bill does not have to be in the applicant's name. The person listed on the fuel bill must be a member of the household. This person is referred to as the account holder. An account name change will not be required as long as the age and household requirements are met.

If the account holder is under 18 and there is another household member that is 18 or older, the older member must be considered the account holder, requiring a name change.

If the oldest individual in the household is under 18, that individual must be considered the account holder.

LIHEAP Registration (E1RG) Screen

The applicant is the only household member that is registered on E1RG. Registration begins with typing the applicant's Social Security Number (SSN) in the SSN field. Once registration is complete, all other information for the EA component transactions are accessed using the applicant's SSN.

Before you will be able to register an application, you will need to follow the instructions included in the Introduction of this manual **SIGNING ONTO EA SYSTEM**.

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E1RG

LIHEAP Registration

Applicant
SSN: 622123232
Fiscal Year (FY): 09

Message: Enter SSN

Inquiry Print

E1RG E1MM E1AP E1LW E1AC E1ES E1NS E1PY E1SI E1SN
E1RG E1MM E1AP E1LW E1AC E1ES E1NS E1PY E1SI E1SN
E1RG E1MM E1AP E1LW E1AC E1ES E1NS E1PY E1SI E1SN

User ID (E1RG) : Program (E1RG) version: 001 Monday, August 04, 2009 11:48:40 AM

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REGISTERING APPLICATION ON E1RG:

1. After signing onto the EA System, the E1RG screen will display with the following message, "ENTER SSN". Type the SSN for the applicant in the SSN field.
2. The Fiscal Year (FY) defaults to the current program year. Select the Fiscal Year (FY) from the drop down box if accessing a year other than the current program year.
3. Click on INQUIRY.

4. The system will search the common area for the entered SSN. **NOTE:** The message, "SSN NOT FOUND ON COMMON AREA" will display if the SSN is not found in the common area. If the SSN is found in the common area, the DCN, Last User ID, Applicant's Last Name, First Name, MI, Date of Birth and Gender will auto populate using the data found in the common area. The message will display, "Enter County Number, Verify (Yes) If Applicant Data Is Correct and Click Save Button".
5. Type the County Code. (Reference Appendix C)
6. Type YES in the VERIFY box and Click on SAVE button. **NOTE:** No is not an acceptable response in the verified field. The system immediately accepts the information that has been entered and a message will display, "Registration Complete".

Case Notes

Once registration is complete, a Case Notes button will appear. Case information, phone calls with the applicant or energy supplier, etc. can be documented in the case notes section.

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E1CN

LIHEAP Case Notes

Applicant:
SSN: 852-12-5863 DCN: 63500077 Agency: A12-NECAC County: 064-MARION Last Userid: FEATRN1
Last: POWELL First: KERRY MI: **Applicant Name**

Applicant Case Notes Information:

Add Case Notes:
Applicants
491 Characters Left

Existing Case Notes Information:

Date	Time	User Id
07-24-2008	13:00:27	FEATRN1
Reviewed case to determine eligibility.		
07-24-2008	13:00:06	FEATRN1
Applicant brought in last months pay stubs.		
07-24-2008	12:59:43	FEATRN1
Applicant called to see if the application has been approved. Advised we are still waiting for the applicant to provide proof of income.		
07-24-2008	12:58:29	FEATRN1
Applicant called to change their home number to XXX-XXXX.		

Message: Applicant Registered. Case Notes Displayed

Inquiry Save Next>

E1RG E1MM E1AP E1LW E1AC E1ES E1NS E1PY E1S E1SN
E1RG E1MM E1AP E1LW E1AC E1ES E1NS E1PY E1S E1SN E1CO E1CA E1R
S024 SCLR

User ID (FEATRN1)

Program (FEAP) version 0011 Monday, August 04, 2008 11:01:22 AM

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ENTERING A LIHEAP CASE NOTE

1. Click on the Case Notes button from E1RG. The screen will flow to the LIHEAP Case Notes Screen.
2. Type desired text in the Applicant Case Notes Information Box. **NOTE:** Each note holds a maximum of 500 characters. The screen displays a running total of characters left.
3. Click on SAVE. The note will display in the Existing Case Notes Information Box.
4. Click on the NEXT button when there are more than four notes. **NOTE:** Selecting the PREVIOUS button will return to the previous case notes page.
5. Click on E1RG button to return to the LIHEAP Registration (E1RG) screen. **NOTE:** (Case Notes Available) will display on the screen indicating there is a case note.

Notes appear in reverse chronological order, meaning the most recent note will display first for each program year.

Duplicate Applications

A duplicate application may be received when an applicant that has already provided an application for the current LIHEAP program year sends another. Upon entering a duplicate application, a message will display, "SSN is Active in Case XXX-XX-XXXX" if the SSN you have entered is associated as a household member on another case. If the SSN you have entered is an applicant, the E1RG screen will populate with the applicants information and the STATUS field will indicate one of the responses explained below. You will need to investigate why this message is displaying. Registration cannot be completed until the reason for the duplication has been resolved and corrections completed. The correct SSN and status of Pending in Progress, Eligible, Approved, Ineligible or Denied will determine the appropriate steps to register the application on E1RG.

CORRECT SSN STATUS INDICATES PENDING IN PROGRESS:

1. Review the SSN to verify that the correct number has been entered.
2. Review the STATUS field for PENDING IN PROGRESS.
3. Print a copy of the E1RG screen to attach to the new application.
4. The LIHEAP Registration E1RG screen can not be completed since the application is already registered with PENDING IN PROGRESS status.
5. The new application will be given to the worker who is processing the application that is already on file.
6. The worker will review the new application for any additional information that may assist in processing the application that is currently on file.

CORRECT SSN STATUS INDICATES ELIGIBLE:

1. Review the SSN to verify that the correct number has been entered.
2. Review the STATUS field for ELIGIBLE.
3. Print a copy of the E1RG screen to attach to the new application.
4. Review the LAST USER ID field on the LIHEAP Worksheet (E1LW) screen to identify the worker that has been assigned the application.
5. The LIHEAP Registration (E1RG) screen can not be completed since the application is already on file with ELIGIBLE status.
6. The new application will be given to the worker who is processing the application that is already on file.
7. The worker will review the new application for any additional information that may assist in processing the application that is currently on file.

CORRECT SSN STATUS INDICATES APPROVED:

1. Review the SSN to verify that the correct number has been entered.
2. Review the STATUS field for APPROVED.
3. Select the E1AP button and click on the transaction.
4. Print a copy of the E1AP screen to attach to the new application.
5. Review the address on E1AP to determine if the address is the same address that is listed on the new application or if it is a different address with the same household members as the approved application. Whether the address is the same or different, the application will be considered a duplicate and will be denied. It will not be possible to register or enter the application to process the denial in the system since the SSN is already on file.
6. Complete a Notice of Denial (reference Forms Section) and mail it to the applicant.
7. File a copy of the Notice of Denial and the application in the case file. **NOTE:** To determine if all adult household members are the same, compare the current application form, SSN's and birthdates to the members SSN listed on the E1MM screen.

CORRECT SSN STATUS INDICATES INELIGIBLE OR DENIED:

1. Review the SSN to verify that the correct number has been entered.
2. Review the STATUS field for INELIGIBLE or DENIED. This could be a duplicate application due to new information being provided. If so, worker will process a reapplication.
3. Type a Y in the REAPPLICATION field.
4. Type YES in the VERIFY box and click SAVE.
5. The new REGISTRATION DATE for the reapplication will auto populate.
6. Print a copy of the E1RG screen to attach to the new application.

INCORRECT SSN:

1. Review the entered SSN and documentation provided to verify that the correct number has been entered.
2. If the SSN was entered incorrectly on E1RG, correct it.
3. If the SSN was entered correctly, review the NAME, DOB and GENDER fields as this information will identify a different individual than named on the new application.
4. Review the AGENCY and COUNTY fields to determine which CAA registered the application that is on file. Contact the CAA to correct their registration as they have entered an incorrect SSN for the NAME identified on E1RG. Once they have corrected their registration, you will be able to register your application.
5. If the STATUS field indicates PENDING IN PROGRESS, ELIGIBLE, APPROVED, INELIGIBLE or DENIED, contact the FSD Central Office to correct the SSN. Once the SSN has been corrected in the common area, you will be able to register your application on E1RG. Once registered, a message will display, "REGISTRATION COMPLETE".

New Applicant

There may be instances when someone has been entered on the LIHEAP Registration (E1RG) screen as the applicant in error. In these instances, selected staff will be authorized to correct the applicant name. This correction is completed using the LIHEAP – NEW APPLICANT (E1NA) screen. **NOTE:** An update on E1NA to correct the applicant may be made up until the Customer Eligibility Listing (CEL) has been processed. **NOTE:** When a correction has been made to E1NA, you should access the LIHEAP MEMBER (E1MM) screen to make any necessary changes to the RELATIONSHIP and ACCT HOLDER fields.

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LIHEAP - New Applicant

Applicant SSN: 569856325 DCN: 00022236 Agency: A03-DAEOC County: 100-SCOTT Last User ID: RONIDWM

Applicant Information

Applicant Name: Last: APPLASTID: First: KAREN MI: K Date of Birth: 07-02-1960 Gender: F

Fiscal Year (FY): 09 Registration Date: 09-26-2008

Correct Applicant SSN:

Applicant Name: Last: First: MI: Date of Birth: Gender:

Message: Enter New SSN

[Inquiry](#)

[E1RQ](#) [E1MM](#) [E1AP](#) [E1LW](#) [E1NA](#) [E1AC](#) [E1ES](#) [E1NS](#) [E1PY](#) [E1S](#) [E1SN](#) [E1RD](#)
[E1RQ](#) [E1MM](#) [E1AP](#) [E1LW](#) [E1NA](#) [E1AC](#) [E1ES](#) [E1NS](#) [E1PY](#) [E1S](#) [E1SN](#) [E1RD](#) [E1RQ](#) [E1SS](#)
[LIHEAP Worksheet](#) [S024 SOLB](#) [EHST](#)

User ID: (JCKEORJ) Program (FEAU163 version=001) Tuesday, September 02, 2008 3:02:08 PM

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Accessing E1NA Screen Using The E1NA Button

Using the E1NA button to access the New Applicant (E1NA) screen will display the Applicant SSN, DCN, Agency, County, Last User ID, Applicant Last Name, First Name, MI, Date of Birth, Gender, Fiscal Year (FY) drop down box and Registration Date already populated. A message will display, "Enter New SSN".

ENTERING NEW APPLICANT DATA ON E1NA SCREEN

1. The current Fiscal Year (FY) defaults to the current year.
2. Type the SSN for the correct applicant in the CORRECT APPLICANT SSN field.
3. Click on INQUIRY. A message, "Information Found" will display. **NOTE:** If the new applicant information is not found, the common area should be searched and DCN assigned if necessary. Reference Departmental Client Number (DCN) located in the Application section of this manual.
4. Review the new applicant data for accuracy.
5. Type YES in the VERIFY box.
6. Click on SAVE.
7. A message will display, "Update Successful".

Using the E1NA link will require that you enter the applicant's SSN to display the screen information.

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Home / Children / Family / Health Care / Youth / Local Offices

E1NA

LIHEAP - New Applicant

Applicant SSN:

Fiscal Year (FY):

Correct Applicant SSN:

Message: Enter SSN

Inquiry

E1RG E1MM E1AP E1LW E1NA E1AC E1ES E1NS E1PY E1SI E1SN E1RD
E1NG E1MM E1AP E1LW E1NA E1AC E1ES E1NS E1PY E1SI E1SN E1RD
S024 SCLR
EHST

User ID: (JCK)BDRJ

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ACCESSING E1NA SCREEN BY SELECTING THE E1NA LINK

1. Type the applicant SSN on E1RG.
2. The current Fiscal Year (FY) defaults to the current year.
3. Click on INQUIRY. The LIHEAP Registration (E1RG) screen will display.
4. Click on the E1NA Link and you will be taken to the LIHEAP - NEW APPLICANT (E1NA) screen. A message will display, "Enter SSN".
5. Type the current applicant SSN in the APPLICANT SSN field.
6. Type the new applicant SSN in the CORRECT APPLICANT SSN field.
7. Click on INQUIRY. A message, "Information Found" will display. **NOTE:** If the new applicant information is not found, the common area should be searched and DCN assigned if necessary. Reference Departmental Client Number (DCN) located in the Application section of this manual.
8. Review the new applicant data for accuracy.
9. Type YES in the VERIFY box.
10. Click on SAVE.
11. A message will display, "Update Successful".

NOTE: Should a registration be entered in error and need to be deleted from the EA System, Central Office should be contacted. This should only occur in rare instances. Only Central Office staff will be authorized to delete a registration from the EA system.

Departmental Client Number (DCN)

After you enter the SSN on the E1RG screen, the system will search the Department of Social Services (DSS) Common Area to determine if the SSN entered is already known to the data base. The common area maintains certain identifying information about the clients of various program areas within DSS. These program areas access this data by using the Departmental Client Number (DCN). When the SSN is entered on E1RG the common area will automatically search for a match.

In some situations the applicant may have a DCN, or the information that is in the common area does not match the information provided by the applicant on the LIHEAP application. **NOTE:** No error message will display. Information provided on the LIHEAP application and information that populates from the common area must be reviewed for accuracy prior to verifying and completing registration on E1RG.

The information from the common area is what will display on the E1RG screen. For Last Name, First Name, Date of birth and Gender that does not match the common area, documentation which supports a change/correction should be gathered. You will access the common area using the S024 link to determine if a DCN exists and needs to be updated, or if there is no DCN and one needs to be assigned.

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Home
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EIRG

Applicant

SSN:

Fiscal Year (FY)

Message: Enter SSN

Inquiry
Print

E1MM E1AP E1LW E1AC E1ES E1NS E1PY E1D E1SN

E1RG E1MM E1AP E1LW E1AC E1ES E1NS E1PN E1PY E1SD E1SN E1ST E1CO E1CA E1R E1CM E1CD

SD24 SCLR

User ID (FEAT)Print

Program (FEAT)28 version=001 Monday, August 04, 2008 11:57:24 AM

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Local intranet


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ACCESSING THE S024/SSN SEARCH SCREEN

1. Click on the S024 LINK on the bottom of the screen.

The screenshot displays the Missouri Department of Social Services website. At the top, there is a navigation bar with links for Home, Children, Family, Health Care, Youth, and Local Offices. Below this, a search box is labeled "Social Security Number Search" with an "SSN:" field and a "Search" button. A red message states: "Please enter the nine digit Social Security Number". Below the search box, there is a list of links: Client Search(SCLR), DCN Search(S019), SSN Search(S024), SSN Search(SSSN), Participation Search(SPAR), Name Search(SNME), Client Race/Ethnicity/Language Inquiry(S030), Update Client Information(SUPD), and Energy Assistance(E1RG). The bottom of the page features a footer with contact information for the Missouri Department of Social Services, including the address 221 West High Street, P.O. Box 1527, Jefferson City, MO 65102-1527, and links for Disclaimer, Privacy Policy, and Nondiscrimination Policy. The browser status bar at the bottom shows "Local intranet" and "100%".

ACCESSING COMMON AREA WITH SSN TO VIEW DCN INFORMATION:

1. Type the Social Security Number in SSN field.
2. Click on SEARCH.

For the, "SSN Not on Common Area" message, you will need to access the common area using the SCLR/Client Search screen to determine if you have an incorrect Social Security Number.

Missouri Department of Social Services

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Department Client Number(DCN)

Client Search

Please enter the nine digit Social Security Number or the Name, Gender & Date of Birth for the person you are searching for

System Code :

Social Security Number:

Individual Name (Last):

(First):

(Middle):

(Suffix):

Gender:

Birth Date: (MMDDCCYY - 12312002)

Wide Search: No ☐ Yes ☐

S005: ENTER FIELDS.

[Client Search\(SCLR\)](#) • [DCN Search\(S019\)](#) • [SSN Search\(S024\)](#) • [SSN Search\(SSSN\)](#)
[Participation Search\(SPAR\)](#) • [Name Search\(SNME\)](#) • [Client Race/Ethnicity/Language Inquiry\(S030\)](#)
[Update Client Information\(SUPD\)](#)
[Energy Assistance\(E1RG\)](#)

(DCN1023A) Monday, July 28, 2008 12:33:13 PM

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Missouri Department of Social Services -
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 Jefferson City, MO 65102-1527

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ACCESSING COMMON AREA WITHOUT SSN TO VIEW DCN INFORMATION:

1. Click on the Client Search (SCLR) LINK on the bottom of the screen.
2. Type EA in the SYSTEM CODE field.
3. Type MEMBER SSN in SOCIAL SECURITY NUMBER field. **NOTE:** Enter the number consecutively with no spaces or dashes.
4. Type MEMBER NAME in INDIVIDUAL NAME (Last) (First) and (Middle). **NOTE:** Only enter Middle initial or name if known.
5. Leave SUFFIX field blank.
6. Choose from drop down box next to GENDER field and select the correct gender.
7. Type date of birth in BIRTH DATE field. **NOTE:** Type the number consecutively with no spaces or dashes. (MMDDCCYY)
8. Click YES in the WIDE SEARCH field.
9. Click on SUBMIT. **NOTE:** Based on the CLIENT SEARCH on SCLR, information entered in the system will search five years of data. The search may display clients that are on file with a specified name, gender and birth year. Review this information to determine if anyone listed is the client that you are attempting to register.

If you find data in the common area that is different from what is listed on the application, you will need to correct the common area in order to complete the registration process. The FSD LIHEAP Unit makes corrections to the common area information. In order to complete the correction, fax a copy of the E1RG screen indicating what information is not matching and a copy of the documentation to the FSD LIHEAP Unit. You will have to acquire documentation, such as proof of birth date or last name from the applicant.

The FSD LIHEAP Unit will assist in resolving the situation, contact you if there are questions and notify you when the information is corrected so you can complete the registration.

If however, after accessing and reviewing the common area, you determine the individual is not found the message, "SSN NOT ON COMMON AREA" will display on the E1RG screen. You will need to take the following steps to resolve this message.

INDIVIDUAL NOT IN COMMON AREA:

1. Review the SSN to verify that it was entered correctly.
2. Print a copy of E1RG and give it and the case file information to the individual in your CAA that is responsible for assigning DCN's.

NOTE: Assigning DCN's instructions are included in Appendix D.

APPLICATION INQUIRIES

E1RG can be used to handle inquiries regarding the status of an application. The STATUS, BENEFIT AMOUNT, CHECK DATE, SUPPLIER NAME, SUPPLIER NUMBER, SUPPLIER NOTIFIED DATE, SUPPLIER RESPONSE and PROCESS DATE fields will be used to determine the status of the application.

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E1RG

LIHEAP Registration

Applicant
SSN: 235411111 DCN: 63500087 Agency: A08 - HDC County: 115 - ST. LOUIS CITY Last UserID: FEABB310
Last: SCHROEDER First: AMY
Fiscal Year (FY): 09 Registration Date: 07-21-2008
MI: Date of Birth: 04-30-1970 Gender: F Verified: YES

STATUS: APPROVED **Benefit Amount:** \$249.00 **Check Date:** 07-29-2008

Primary Supplier Information
Supplier Name: AMEREN UE Supplier Number: 150054000
Supplier Notified Date: 07-22-2008 Supplier Response: Y - YES
Process Date: 07-23-2008

Message: SSN On File - Enter Changes if Necessary

Inquiry Print Case Notes

E1MM E1AF E1LW E1AC E1ES E1NS E1PY E1SI E1SN
E1RG E1MM E1AF E1LW E1AC E1ES E1NS E1PY E1SI E1SN E1ST E1CO E1CA E1R E1CM E1CD
S024 SCLB

User ID (FEATRINT)

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This page Expires in 14 min. and 48 sec.

Local Intranet 100%

ACCESSING E1RG FOR APPLICATION STATUS:

1. Type the Social Security Number of the applicant in the SSN field.
2. Click on INQUIRY.
3. The STATUS field on E1RG will display PENDING IN PROGRESS, ELIGIBLE, APPROVED PAYMENT IN PROGRESS, APPROVED, INELIGIBLE OR DENIED.

Pending in Progress Status

The pending in progress status indicates the E1RG screen has been completed on the application; however, the application has not been processed.

Eligible Status

The eligible status indicates the application has been registered on E1RG, processed and the household has met the requirements for LIHEAP eligibility, but the payment has not processed. The Energy Assistance Eligibility Notice (EA-6) will be generated to the applicant. (See Forms Section)

Approved Payment in Progress Status

The approved payment in progress status indicates the application has been registered on E1RG, processed, the household met the requirements for LIHEAP eligibility, the customer eligibility response (CEL) has returned from the supplier with a response of YES and payroll is processing. This status will appear for a short period of time. When payroll has processed, the status will change to approved.

Approved Status

The approved status indicates the application has been registered on E1RG, processed, the household has met the requirements for LIHEAP eligibility and the payment has been processed. The process date, benefit amount, supplier number and name will also display. The Energy Assistance Payment Notice (EA-7) will be generated to the applicant. (See Forms Section)

NOTE: If a direct payment is involved, the Supplier Number will display the unique number for a direct pay and the Supplier Name will display that particular heat source. For example, if an individual is approved using wood, the Supplier Name will display "WOOD" and the Supplier Number will display "888888888" (heat source code for wood).

Ineligible Status

The ineligible status indicates the application has been registered on E1RG, processed and the household has not met the requirements for LIHEAP eligibility. The customer eligibility response will not generate to the supplier when the ineligible status appears. The Energy Assistance Eligibility Notice (EA-6) will be generated to the applicant.

Denied Status

The denied status indicates the application has been registered on E1RG, processed, the household has met the requirements for LIHEAP eligibility and the customer eligibility response has returned from the supplier with a denial code. E1RG will display the date and reason for the denial. There are four possible denial reasons which the supplier chooses from.

- Inactive Account
- Commercial Account
- Non-Heat Source
- Not Our Customer

ELIGIBILITY

LIHEAP eligibility is based on four main areas:

- **Citizenship and Alien Status:** All household members must be a citizen of the United States or be an alien admitted to this country for permanent residence.
- **Resources:** Each household's resources may not exceed \$3,000.
- **Responsibility for Heating/Cooling Costs:** Each household must establish that they have an account in their name or meet the definition of a renter/landlord applicant and are incurring heating/cooling costs. Applicants for the ECIP component must additionally have received a notice of termination or services have already been terminated. Renters whose heating/cooling costs are included in their rent are not eligible to receive ECIP benefits.
- **Income Based on Household Size:** Each household must meet specified income guidelines (125% of the federal poverty level) based on their household size, as set forth on the LIHEAP Income Ranges and Benefit Amounts Screen (E1IR) or reference Appendix E in the LIHEAP Policy and Procedures Manual.

HOUSEHOLD DEFINITION

Household is defined as an individual(s) living in private living quarters (a space with a private entrance) for which residential heat is purchased in common.

NOTE: A room within the primary residence does not qualify.

HOUSEHOLD DETERMINATION

Eligibility is based on all individuals living together at the time of approval. Living together includes individuals that are only away from the home due to employment such as truck drivers, salesmen and military personnel.

If an individual leaves the household between the time of application and approval, that person(s) and their income/resources will be excluded.

If an individual moves into the household prior to approval, that person(s) and their income/resources must be included.

When either situation occurs, it must be recorded on the LIHEAP Case Notes Screen (E1CN) which is accessed from the LIHEAP Registration (E1RG) Screen.

NOTE: Household members are established using the member information provided on the application.

NOTE: Once a member has been approved in a household, this member cannot be claimed in another household. After the member has been declared as "included" in the household, they are part of this household for the season. This includes households which qualify for ECIP benefits.

HOUSEHOLD CATEGORIES

Households will be classified into one of three categories:

- Category A: All members listed on the LIHEAP application form are receiving Food Stamps including multiple eligibility units.
- Category B: All members listed on the LIHEAP application form are not receiving food stamps.
- Category C: Members listed on the LIHEAP application form are a combination household in which some members are receiving food stamps and other members do not receive food stamps.

INELIGIBLE INDIVIDUALS

Individuals meeting the following conditions will be considered ineligible:

- Individuals that are not citizens of the United States or a permanent resident alien.
- Individuals that are not living in the home at the time of application.

NOTE: This policy does not apply to individuals temporarily out of their home due to service termination. Service terminated procedures will be followed. (Reference Priority Applications on Crisis Cases for these procedures).

- Individuals that are incarcerated.
- Individuals defined as roomers, boarders or live-in-attendants.

Roomer/boarder is defined as an individual who pays a household for lodging and/or food expenses only and who is not responsible for any household expenses.

Live-in-attendant is defined as an individual living in the household who receives wages to provide medical/child care and who is not responsible for any household expenses.

NOTE: A relative (by blood or marriage) cannot be considered a roomer, boarder or live-in-attendant.

- Individuals that have been approved in a Missouri LIHEAP case or individuals moving into a household that has previously received LIHEAP in the current program year at the same address.

NOTE: Eligibility will not be affected for individuals who have received LIHEAP benefits from another state in the same program year.

- Only one individual on a multiple named fuel bill account will be eligible to receive LIHEAP benefits.

NOTE: Any income made available to the household by an ineligible individual, including individuals that are ineligible because they are not citizens of the United States or a permanent resident alien will not be included in the household income.

INELIGIBLE HOUSEHOLDS

Households meeting the following conditions will be considered ineligible:

- A household that is located outside the State of Missouri.

NOTE: This does not include a household that has a mailing address of a surrounding state but actually lives in Missouri.

- A household which resides in a professional, practical or domiciliary nursing or boarding home and does not pay a home energy supplier directly for heating/cooling costs.

- A household which resides in a hotel, motel, dormitory or temporary shelter and does not pay a home energy supplier directly for heating/cooling costs.
- A household which resides in government subsidized housing, unless they are paying a home energy supplier or are billed by the landlord/housing authority for any out-of-pocket heating/cooling costs.
- A household in a transitional living situation. These households have their heating/cooling costs paid for by the Department of Mental Health.
- A household that has a credit balance with their fuel supplier in excess of \$500.

NOTE: This will not apply to households that pre-pay for their fuel.

- Households that cut their own wood.

APPLICATION TIME FRAMES

- **Energy Assistance Applications (EA)**

EA applications must be processed within thirty (30) calendar days of the date stamped/recorded on the application form. If the 30th day falls on a weekend or holiday, the action must be completed on the next scheduled work day.

EA applicants will be notified of the disposition of their application by the Energy Assistance Notification Card (EA-6) automatically generated by the FSD LIHEAP System. If benefits are to be paid to a Home Energy Supplier, an Energy Assistance Payment Notice (EA-7) will be mailed to the participant by the FSD LIHEAP System.

- **Energy Crisis Intervention Applications (ECIP)**

In accordance with section 2604(c) of the LIHEAP statute, if the application involves a household in a life-threatening energy crisis related situation, the CAA will provide:

1. Not later than 18 hours after a household applies for crisis benefits, provide some form of assistance that will resolve the energy crisis if such household is eligible to receive such benefits and is in a life-threatening situation.
2. Not later than 48 hours after a household applies for energy crisis benefits, provide some form of assistance that will resolve the energy crisis if such household is eligible to receive such benefits. The State of Missouri defines a crisis as service threatened or terminated including Cash on Delivery (COD) clients.

Applicants receiving ECIP benefits will be notified in writing by the CAA on the disposition of their application, the type(s) and amount of assistance they will receive and/or the amount of payment made on their behalf to a Home Energy Supplier.

PRIORITY APPLICATIONS ON CRISIS CASES

Applications that involve a primary or secondary service being threatened or terminated must be given priority. This will require that these cases be processed prior to non-crisis cases.

NOTE: Renters' heating and cooling costs included in their rental payment will not be entitled to receive ECIP benefits.

Applications in which the heating and or cooling source has been threatened or terminated will be considered in crisis only under the following conditions:

- An application is received which includes a termination or disconnect notice indicating a specific disconnect date or final billing statement advising their account has been terminated or if they are a cash on delivery (COD) customer.
- An applicant contacts the Community Action Agency (CAA) advising their heating/cooling source has been threatened or terminated.
- The home energy supplier contacts the CAA advising that an individual has their heating/cooling source threatened or terminated.

Service Terminated Procedures

If one of the above conditions is met, you will use the following procedures:

- If the last two conditions are met, the worker must determine if the application has been received. If not, an application must be mailed to the individual.
NOTE: The agency must mark these applications in order to identify them when they are returned.
- If the first two conditions are met and an application is on file, the worker must contact the supplier to establish that their fuel source is threatened or terminated. If so, verbally document the fuel supplier, account name, account number, address and fuel source and record this information on the LIHEAP Case Notes (E1CN) screen which is accessed from the LIHEAP Registration (E1RG) screen.

Waiting Lists

If LIHEAP funds are exhausted prior to end of the program time period, the CAA will establish a waiting list consisting of the name, address, phone number and date of inquiry of potential applicants for the services.

If additional funds are released, these waiting lists can be used for subsequent LIHEAP benefits.

EMERGENCY SERVICES

Emergency services can be provided to protect the health and safety of the applicant when other forms of assistance under LIHEAP will not resolve the energy related crisis. The Contractor is allowed to utilize 2% of the Direct Service Funding for emergency needs: blanket purchases, emergency lodging and additional funding up to \$400 for furnace and central air replacements for applicants eligible for LIHEAP. Funding used for blankets and emergency lodging will be deducted from the direct assistance limit with the applicant eligible for assistance up to the maximum limit as long as funds are available. Wood stoves may only be purchased if wood is the primary fuel source and the current wood stove is unsafe to use. Agencies will need to specify in their contract a request to use funds for emergency services.

These services must be stated in the agencies contract and include the following:

- Blankets
- Emergency Lodging
- Furnace and Central Air replacement
- Air Conditioner Window Units
- Wood Stoves

Emergency Lodging

Applicants may be referred to a temporary shelter until the energy related crisis can be resolved.

Furnace and Central Air Replacement

For homeowners up to \$400.00 will be provided toward furnace/central air replacement/repairs to the eligible household.

Air Conditioner Window Units

Purchase of air conditioner window units can be covered under direct service for Summer ECIP. Window units shall be given to the eligible household for ownership and is considered part of the allowed \$300 summer ECIP grant.

An eligible household that is income qualified must have a member who is 65 or older or have any household member that has a letter from a qualified physician or nurse practitioner stating that a life-threatening condition exists where an air conditioner will eliminate or significantly reduce the possibility of loss of life or heat related illness. The letter does not have to include the diagnosis or condition; it only has to indicate there is a need for air conditioning.

The household may submit a Statement of Medical Need Form signed by a physician or nurse practitioner instead of the letter.

Recipients of air conditioners are allowed Summer ECIP grants up to \$300 less purchase amount of air conditioner unit for the current program year. For example, if a participant qualifies for \$300 in ECIP and \$200 is used to purchase an air conditioner, this would leave \$100 remaining that can be applied to the emergency cooling bill.

If the participant has used part of the ECIP funds for the emergency cooling bill and then indicates they need an air conditioner, the remaining balance can be used to leverage funds from other sources. For example, if a participant had used \$185 to pay their electric bill and then comes in later and is in need and eligible for an air conditioner and the price of the air conditioner is \$135 and they only have \$115 remaining in ECIP summer funds, you may release the \$115 if the remaining payment can be made by participant or other resources. This would not be considered a co-payment.

An air conditioning unit cost will not be deducted from Summer ECIP for the next two years. Households who have previously received an air conditioner in the last two years will not be eligible to receive an additional unit.

Each applicant must sign a completed air conditioner distribution form that will include the serial number of the air conditioner unit distributed.

Wood Stoves

Wood stoves may be purchased only if the household's primary heating source is wood and a wood stove is needed to replace an unsafe unit currently in use.

APPLICATION PROCESSING PROCEDURES

Once the application has been registered, you will need to review it to determine initial eligibility or ineligibility, time frames and crisis issues by using the following steps:

- Review the application to determine if all questions have been answered.
- Review the application to determine if it has been signed.
- Review all documentation included with the application.
- Coordinate LIHEAP application processing, services and benefits.
- Automatic ECIP eligibility.
- Determine if a new LIHEAP application is required.

Review Application for All Questions Answered

Review the Low-Income Home Energy Assistance Program (LIHEAP) Heating and/or Cooling Assistance Application (EA-1) to determine if all questions have been answered. If the questions concerning:

- Home ownership, weatherization or if anyone in the home paid child support are not answered; you presume that the answers to these are no and processing will continue.
- Fuel bill/statement questions are not answered; documentation must be secured. You may contact applicant by phone to secure the name of the supplier.
- Landlord/Renter are not answered yet the application is a landlord/renter situation; the applicable questions must be answered on the application and documentation secured through the Energy Assistance Landlord/Renter Documentation Request (EA-1E) form. You may need to contact the applicant by phone to secure the name and address of the landlord.
- Income is not answered; income documentation must be provided unless everyone in the household is determined to be active on Food Stamps. If all members are not active on Food Stamps, you can contact the applicant by phone to obtain this information.
- Resources are not answered; no action will be needed unless required by policy.

NOTE: Any verbal verification will need to be documented on the LIHEAP Case Notes (E1CN) screen which is accessed from the LIHEAP Registration (E1RG) screen as to the date contacted, person contacted and information obtained.

Signature on Application

If the applicant failed to sign the application (EA -1) form, an Information Request (EA-1B) form and the original EA-1 must be returned to the applicant for signature. You will also retain a photocopy in the case file.

Review All Attached Documentation

All eligibility factors must be documented in the current year's file. If all information is not provided with the application, the applicant must be advised in writing of all information that must be documented in order to process the application.

NOTE: In either situation of an unsigned application or missing documentation, the EA-1B will inform the applicant to sign and return the application or indicate the required documentation sources needed to process their application. It also informs the applicant they have ten (10) days to respond to this request. If the applicant signs and returns the EA-1 within 10 days or provides the documentation, the application will continue to be processed. If the applicant fails to sign and return the application or provide acceptable documentation within 10 days, the application will be denied. A copy of the EA-1B must be retained in the case file.

Coordinate the LIHEAP Application Processing, Services and Payment Benefits

An application that indicates the household is in a crisis situation must be processed as a priority. You will also need to consider if the heat source is primary or secondary when coordinating LIHEAP benefits.

Primary heat source will be defined as electricity, fuel oil, natural gas, propane, wood or kerosene utilized as the main source for heating a residential home.

Secondary heat source will be defined as an energy source used to enable the primary heat source to work.

Home energy cooling will be defined as electricity utilized as the source for cooling a residential home.

Depending on how the EA-1 is completed and the documentation that is attached or provided, you will process based on one of the following scenarios:

- Applicant completes information for the primary heat source only. The secondary energy source information is left blank. The primary heat source is not in crisis. Process the application for the EA component.
- Applicant completes information for the primary heat source only. The primary heat source is in crisis. Process the application for the EA component. If the EA payment is insufficient to resolve the crisis, complete or refer for the ECIP component. **NOTE:** The EA component must be determined first; so the availability of both funds can be used to resolve the crisis.
- Applicant completes information for the primary heat source and secondary energy source. Neither source is in crisis. Process the application for the EA component, no action is required on the secondary energy source.
- Applicant completes information for the primary heat source and secondary energy source. The primary heat source is in crisis. Process the application for the EA component. If the EA payment is insufficient to resolve the crisis, complete or refer for the ECIP component. No action would be taken on the secondary energy source as it is not in crisis.
- Applicant completes information for the primary heat source and secondary energy source. The secondary energy source is in crisis. Process the application for the ECIP component to resolve the crisis with the secondary energy source. The application will also be completed or referred for processing of the EA component and the primary heat source. The worker must be provided with copies of all eligibility documentation to process the EA component, if a different worker completes the EA component.

- Applicant completes information for the secondary energy source. The primary heat source is left blank. The worker receiving the application must contact the applicant to acquire information on the primary heat source. Once the information is obtained, the worker must evaluate which source(s), if any, need crisis assistance and process accordingly. Process the application for the EA component. If the EA payment is insufficient to resolve the crisis, complete or refer for the ECIP component. No action would be taken on the secondary energy source if it's not in crisis. If it is in crisis, process the ECIP component to resolve the secondary energy source crisis.
- Applicant completes information for the primary heat source and secondary energy source. Both sources are in crisis. Process the application for the EA component first. The application would then be completed or referred to the ECIP component for additional funds, if necessary, to resolve the crisis on the primary heat source. The crisis on the secondary energy source would also be evaluated for services depending on availability of additional ECIP funds to assist that source.

NOTE: There are times when an applicant is claiming their secondary energy source as their primary heating source. A secondary energy source can also be an alternate heating source. The primary and secondary heating source is based upon self declaration from the application. This may require the CAA contact the utility vendor to set up special accommodations to meet the need of the applicant.

Automatic ECIP Eligibility

If the applicant is approved for LIHEAP during the current program year and neither the address nor supplier has changed, the applicant is automatically eligible for additional Winter funds and/or Summer ECIP. No further documentation of basic eligibility is required. The agency responsibility is limited to the following:

- Initiating ECIP action when the LIHEAP applicant indicates they are in crisis.
- Secure E1RG terminal screen print to document LIHEAP approval.
- Documentation including the bill/shut off notice or verbal supplier documentation on the LIHEAP Case Notes (E1CN) screen which is accessed from the LIHEAP Registration (E1RG) screen that indicates the applicant's need for crisis assistance including threat/termination or need for emergency services. **NOTE:** The bill/shut off notice will need to be date stamped indicating when application/request for crisis was made or in the case of verbal supplier documentation, the date will need to be noted on the LIHEAP Case Notes (E1CN) screen.
- Establish the amount of assistance required to resolve the energy related crisis.

NOTE: Applicants who do not meet the automatic eligibility criteria above will follow regular application procedures to apply for ECIP.

NEW LIHEAP APPLICATIONS

A new LIHEAP application is required for the ECIP component in the following two situations:

- Applicant did not apply for EA and the EA program is closed or the applicant applied during the summer and was not approved for EA in the current program year.
- Applicant was previously approved for EA or ECIP in the current program year and is now applying for additional crisis assistance at a different address or declaring a different supplier but the same energy source that was previously approved.

In the above situations, a new LIHEAP application (EA-1) would be completed. All eligibility factors must be documented.

NOTE: The applicant may declare a different supplier for the summer cooling program (electric for the summer versus winter primary heat source) and a new LIHEAP application (EA-1) may not be required. The application would be processed based on the crisis with the secondary energy source.

DOCUMENTATION

The household's eligibility status must be documented in the current case file. Unless otherwise noted, these documentation policies and procedures apply for both EA and ECIP.

Documentation is defined as:

- Legible photocopy of original source document(s), including CAA file;
- Computer printouts from FSD and supplier data bases; or
- Verbal recording on LIHEAP Case Notes screen (E1CN) as specified in policy.

NOTE: The applicant is responsible for providing all necessary documentation to establish eligibility unless the agency has access to the documentation using the sources identified above.

Any documentation from prior year's application(s) that is being used in the current year's application must be moved forward in order to be included in the current application.

If all information is not provided at the time of application, the applicant must be advised in writing using the Information Request (EA-1B) form to request the information that

must be documented in order to process their application. **NOTE:** The applicant must be given a minimum of ten (10) days from the date of request to provide all necessary documentation. A copy of the EA-1B must be retained in the file. If the applicant does not provide the requested information by the due date, the application will be denied. EA-1B procedures do not apply to the Energy Assistance Landlord/Renter Documentation Request (EA-1E) form.

The following case factors must be documented, when applicable:

Citizenship and Alien Status

Each household member must either be a citizen of the United States or an alien admitted for permanent residence. Individuals not meeting these criteria will be excluded from the household count. Any income made available to the household will NOT be counted as income.

If an alien refuses to document their status, the entire household is ineligible. United States citizenship will be documented by applicant statement.

If the applicant failed to complete the citizenship question on the application form, the applicant must be contacted and their statement recorded on the LIHEAP Case Notes (E1CN) screen which is accessed from the LIHEAP Registration (E1RG) screen.

Alien permanent residence status will be documented by:

- FAMIS screens, if the individual is a member of an active Food Stamp case
- INS Form I-551 or 151: Alien Registration Receipt Card
- Re-entry Permit (a passport booklet for lawful permanent resident aliens)
- INS Form I-94, Arrival and Departure Record. This form must be annotated with one of the following terms or a combination of terms including refugee, parolee, paroled, asylum. Annotated with 204, 207, 208, 212 (d) (5), 243 (h), or 244 of the INS Act
- BCIS Form I-688. This form must be annotated with a reference to Section 210 (a) of the Immigration and Nationality Act. (Form I-688A or B is not acceptable.)
- Form G-641, if signed by a BCIS representative

If another document is provided that is not identified above, clearance must be obtained prior to approval by FSD. Under no circumstances will the Bureau of Citizenship and Immigration (BCIS) be contacted. It is the applicant's responsibility to provide documentation of alien status.

Social Security Numbers

Social Security numbers must be documented for each household member. Documentation is limited to the following sources:

- Award Letters

- Benefit Check (If claim suffix is A or D)
- Copies of documentation on file
- Drivers License that includes SSN
- HUD-5059
- Medicare Card, if client is primary beneficiary (Code A)
- Military ID Card
- Monthly Bank Statement
- S024, IPAR, E1ES, FAMIS screens
- School Records
- Social Security Card (Not metal)
- SSA-2458 or SSA printout
- State ID Card
- Tax Forms, W-2 Form
- Third Party Confidential Query (E1SI)
- Wage Stubs

Pseudo Social Security Number Procedures

Any household member that does not have a Social Security Number must be advised to apply for one at the Social Security Office. Once the application for a Social Security Number has been documented, a pseudo number for that household member can be assigned.

Documentation will consist of a signed and dated statement or SS-5 from the Social Security representative or a Receipt for Application for a Social Security Number (SSA-5028). The applicant must be advised to return the statement, SSA-5028 or copy where it must be retained in the case record. The applicant must be advised to report the assigned Social Security Number once it is received.

If the applicant does not provide documentation within the specified time frame, the application will be denied.

There are two exceptions to this requirement:

- Applied or receiving Income Maintenance (IM) services. If the individual(s) without a Social Security Number has applied or is active in any IM Program including Food Stamps or is in Foster Care, a pseudo number will be automatically assigned. It will be necessary to document the IM status using the Income Maintenance Participation screen and Food Stamps using FAMIS and to document foster care status in writing from the Social Service Worker.
- If the household member is one year of age or younger from the month prior to application, a pseudo number will automatically be assigned. The applicant's declaration of the child's birth date will be accepted.

The county office must maintain a list of the assigned pseudo numbers. Numbers will be assigned numerically by county number as indicated in the following example:

<u>County #:</u>	<u>Sequential #</u>	<u>Household Member</u>	<u>Applicant Name</u>	<u>SSN</u>
Clay	024 - X0 – 0001	James Thomas	Jim Thomas	300-01-7048
	024 - X0 – 0002	Mae West	Shirley West	400-01-7011

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E1RG

LIHEAP Registration

Applicant
SSN: 064X05678
Fiscal Year (FY): 05

Message: Enter SSN

Inquiry Print

E1RG E1MM E1AP E1LW E1NA E1AC E1ES E1NS E1PY E1B E1SN
E1RG E1MM E1AP E1LW E1NA E1AC E1ES E1NS E1PY E1B E1SN E1ST E1CO E1CA E1R E1CM E1CD
S024 SCLR

User ID: FEATRY1 Program: FEAT128 version: 2011 Friday, August 08, 2008 9:45:32 PM

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REGISTERING AN APPLICANT ON E1RG USING A PSEUDO SSN:

1. After signing onto the EA System the E1RG screen will display with the following message, "ENTER SSN".
2. Assign a PSEUDO SSN using the county code (Reference Appendix C) in which the applicant resides.
3. Type this pseudo SSN in the SSN field and click on INQUIRY. A message will display, "Enter Applicant Information, Verify (YES) that Data is Correct and Click Save Button". **NOTE:** An applicant information field will open up. The county will auto-populate based upon which county was used in the pseudo SSN.
4. Type applicant Last Name.
5. Type applicant First Name and MI.
6. Type applicant Date of Birth.
7. Type applicant Gender.
8. Type YES in the VERIFY Box and click on SAVE. A message will display, "Registration Complete".

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E1RG

LIHEAP Registration

Applicant
SSN: 064X05678 DCN: Agency: A12 - NECAC County: 064 - MARION Last UserID: FEATRNI

Last: First: MI: Date of Birth: Gender: Verified: NO

Fiscal Year (FY): 09 Registration Date:

Message: Enter Applicant Information. Verify (Yes) That Data Is Correct and Click Save Button

Verify: (Enter YES to confirm)

Inquiry Save Print

E1RG E1MM E1AP E1LW E1NA E1AC E1ES E1NS E1PY E1SI E1SN
E1RG E1MM E1AP E1LW E1NA E1AC E1ES E1NS E1PY E1SI E1SN E1CO E1CA E1IR E1CM E1CD
S024 SCLR

User ID (FEATRNI)

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Age

Age must be documented if the applicant or spouse is age 65 or older as of the date of approval for LIHEAP. If both are 65 or older, documentation is required only on one person.

Documentation is limited to the following sources:

- Birth Certificate
- Census Bureau Report
- Drivers License
- Income Maintenance Participation and FAMIS screens
- Insurance Policy
- Medicare Card
- Military ID Card
- S024 screen
- SSA 2458
- State ID Card
- Third Party Confidential Query (E1SI)

To document SSN and age you can access the FAMIS system and find this documentation on the FAMIS SuperCase screen. This screen can be accessed by clicking on the S024 screen.

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Department Client Number(DCN)

Social Security Number Search

SSN: 853215698

Please enter the nine digit Social Security Number

Search | Client Search(SCLR)

Click on the button before the DCN for "Participation Search(SPAR)"

[Client Search\(SCLR\)](#) • [DCN Search\(S019\)](#) • [SSN Search\(S024\)](#) • [SSN Search\(SSSN\)](#)
[Participation Search\(SPAR\)](#) • [Name Search\(SNME\)](#) • [Client Race/Ethnicity/Language Inquiry\(S030\)](#)
[Update Client Information\(SUPD\)](#)
[Energy Assistance\(E1RG\)](#)

(DCN10244) Monday, July 28, 2008 12:26:17 PM

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SEARCHING FOR SSN AND AGE INFORMATION:

1. Type the person's Social Security Number on the S024 screen.
2. Click on SEARCH.

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Department Client Number(DCN)

Social Security Number Search
SSN: 853215698
Information returned for SSN: 853215698

DCN	NAME	R/S	DOB	SSN	VER
 16441496	KELLY LISA		2F	05/31/1984	

S008: END OF DATA.

Search | Client Search(SCLR)

Click on the  button before the DCN for "Participation Search(SPAR)"

[Client Search\(SCLR\)](#) • [DCN Search\(S019\)](#) • [SSN Search\(S024\)](#) • [SSN Search\(SSSN\)](#)
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ACCESSING PARTICIPATION SEARCH:

1. The screen will display, "INFORMATION RETURNED FOR SSN".
2. Click on the "P" in the small box to the left of the DCN.
3. The Participation Search screen will display.

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Department Client Number(DCN)

Participation Search

Please enter the eight digit Department Client Number.

DCN: 16441496

The requested DCN **16441496** is associated with **KI** KELLEY LISA

You may click the following button(s) to transfer to their page.

Income Maintenance | FAMIS | FACES

They also participate in:

- Food Stamps(Old) - Child Support Enforcement - EPSDT - SS - PHS - MACSS - Hands - MCM - MMIS - MOHSAIC - EBT - FAMIS-MED - FACES

Enter a new DCN or click a system participation button.

Submit | Return to SSN Search(S024)

[Client Search\(SCLR\)](#) • [DCN Search\(S019\)](#) • [SSN Search\(S024\)](#) • [SSN Search\(SSSN\)](#)
[Participation Search\(SPAR\)](#) • [Name Search\(SNME\)](#) • [Client Race/Ethnicity/Language Inquiry\(S030\)](#)
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(DCN1056A) Monday, July 28, 2008 12:39:58 PM

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Done

FAMIS SEARCH:

1. Click on the FAMIS button.
2. The Energy Assistance/FAMIS Program Participation Screen will display.

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Energy Assistance / FAMIS Program Participation Page - 1

SSN 853215698
DCN 0016441496 Name KELLEY LISA

EU	EU Status	Client Status	Client Date	Dup DCN	SuperCase Number	FSD Offices	Case Load
CC0016441496CHC001	CLO	CLO	1/20/2006		0000153532	04803	002760
FS0016441496FSP001	ACT	ACT	6/1/2007		0000153532	04803	002760
TA0016441496TAC001	ACT	ACT	6/27/2005		tab0004 53532	04803	002760
					0000050652	04803	

[S024 – Social Services SSN Search](#) [SPAR – Social Services Participation](#)

[E1RG – Client Registration](#)

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ACCESSING SUPERCASE INFORMATION FROM ENERGY ASSISTANCE/FAMIS PROGRAM PARTICIPATION SCREEN:

1. Click on SuperCase Number that has an ACT status in the EU column.
2. The FAMIS SuperCase Member List screen will now display.

Home	Children	Family	Health Care	Youth	Local Offices
----------------------	--------------------------	------------------------	-----------------------------	-----------------------	-------------------------------


Energy Assistance / FAMIS Supercase Member List
Page - 1

SCN	0000153532					
Address	1307 E 89TH ST APT A					
City	KANSAS CITY	State	MO	Zip	64131	473273
County	0048					


Last Name	First Name	Middle Initial	DCN	SSN	Birth Date	Race	Sex
STALEY	MIKE	D	0014701438	586321576	8/10/1973	2	M
KELLEY	LISA	T	0016441496	853215698	5/31/1984	4	F
KELLEY	JOHN	T	0050916859	596832159	5/30/2000	2	M
STALEY	EDWARD	D	0058159510	865312586	1/1/2003	2	M
STALEY	FRANK	D	0062597172	653214589	1/1/2006	2	M

[FM0J Eligibility Unit Summary](#)
[E1RG – Client Registration](#)
[FM5F TA Payment](#)

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This will display both SSN and Birth Date which can be printed and used as documentation for the LIHEAP file.

Disability

Disability must be documented if the applicant or spouse are disabled as of the date of approval for LIHEAP. If both are disabled, documentation is required only on one person.

Disability is defined as total and permanently disabled or blind and is receiving one or more of the following:

- Civil Service Disability
- Medical Assistance
- Railroad Retirement Disability Benefits
- Social Security Disability Benefits
- State Aid to the Blind
- State Blind Pension
- State Supplemental Payments
- Supplemental Security Income Program
- Veterans Administration Disability Benefits

Documentation will be limited to the following sources:

- Award Letter
- Bank Statement indicating applicant/spouse receive SSI (under age 65)
- Benefit Check (with claim suffix A or DI)
- Income Maintenance Participation screen (if under 65 case ID code letter B, E, F, M or Q on active cases)
- Medicare Card
- SSA-2458
- Third Party Confidential Query Screens (E1SI/E1SN)
- VA toll free number (recorded on LIHEAP Case Notes Screen E1CN)

If the applicant or spouse meet both the age and disability criteria, either factor may be documented.

Resources

Resources are defined as the following:

- Annuities
- Bonds
- Certificate of Deposit (CD)
- Deposits in banks, savings and loan companies, credit unions and other financial institutions
- Individual Retirement Account (IRA)
- Keogh's and Deferred Compensation Plans
- Money Markets
- Mutual Funds
- Stocks

NOTE: Households will be ineligible if total resources exceed \$3,000 after rounding down.

Resources will be considered available unless documented by the institution holding the resources that they are restricted or inaccessible. If the household provides documentation that it has access to only a portion of the resources, only the value of that portion will be counted toward the resource maximum.

The household is responsible for reporting all resources held at the time of application or acquired while the application is in process. The total value of all resources owned by each household member must be determined prior to approving the application. If documentation is required, the amount of resources will be determined as of the date the documentation is received.

For Category A cases you will enter zero for the resource amount on the E1AP screen.

NOTE: If the applicant declares excess resources on the EA-1, resources must be documented.

Resources must be documented for Category B and Category C cases only when the:

- Applicant declares resources in excess of the resource maximum. The worker must attempt to document the household's resources and if the applicant refuses or fails to provide documentation, the application must be denied on the basis of excess resource.
- Applicant's declaration is inconsistent with prior years' resource information which could affect eligibility. Applicant's resources were documented in the prior year or caused ineligibility in the prior year.
- Applicant was initially denied on excess resources and reapplies.

The only acceptable documentation of resources will be:

- Current bank statement (this does not include checkbooks and/or passbooks)
- Written statement from the issuing agency
- Certificate of Deposit (CD)

Customer Account Name

The fuel bill or statement can be in any household member's name. The individual named on the fuel bill or statement will be considered the account holder. If the account is in the name of an individual not living in the household or an ineligible individual, an account name change is required.

Customer Account Name Changes

If the fuel bill or statement is in the name of a minor (age 17 or less), a name change is required, unless the minor is the oldest household member and is actually responsible for paying the household's home heating costs.

If the fuel bill or statement is in the name of a minor under the age of 15, a name change is required to avoid automatic denial of the application.

On a multiple named fuel bill, only one individual will be eligible to receive benefits at a specific address. To determine this, all names on the fuel bill must be cleared against the LIHEAP files.

The following are additional times when a name change to the account must be made:

- If the name on the fuel bill is listed in care of (c/o), a name change is required.

Example: John Doe c/o John Smith (EA applicant)

- A name change is required when the name is that of a widow(er).

Example: Fuel Account Name - Mrs. John Smith
 Legal Name - Mary Smith

If the applicant refuses or fails to have the account name changed, their application will be denied.

Exceptions to Customer Account Name Changes

The following are some exceptions to the requirement concerning customer account name changes:

- Listed in more than one name and one of the household members is one of the persons listed.
- Listed in the name of a household member, however, the name on the account is not the individual's complete legal name. When a nickname is used, it must be a derivative of the legal name and the legal name must be documented.

Example: Fuel Account Name - Billy J. Reynolds
 Legal Name - William J. Reynolds

- When a middle name is used on the account, it must be documented as part of the individuals' legal name.

Example: Fuel Account Name - Larry White
 Legal Name - Jason Larry White

- Listed in the name of the landlord and the household is paying the landlord for their home energy costs.
- Listed in the name of a guardian and the guardianship is documented.

The account name will be documented by the fuel bill or statement. If the account requires a name change, written or verbal documentation from the supplier will be acceptable. If verbal, the worker must record who was contacted and when the account name was changed on the LIHEAP Case Notes (E1CN) screen which is accessed from the LIHEAP Registration (E1RG) screen. The account name can be entered on the LIHEAP Application (E1AP) screen without changing the members name on E1MM.

HOME ENERGY SOURCE / SUPPLIER

Documentation of natural gas, electricity, tank propane and fuel oil will not be required for the EA component for cases approved in the prior year if all of the following conditions are met:

- Same participating home energy supplier

NOTE: If the supplier was non-participating in the prior year, but is now a participating supplier, this exception will still apply

- Same heat source
- Same account name
- Same account address
- A copy of EHST, identifying the supplier, must be placed in the current year's record.

If the documentation procedure described above does not apply, the following procedures must be used when documenting the LIHEAP energy source:

- **Natural Gas / Electricity**

There are five (5) documentation source options.

- A complete bill or stub that identifies account name, address and account number which is dated no earlier than two billing periods prior to the application date for active accounts or a final bill dated later than March 31 of the previous program year.

NOTE: If bill/stub does not meet the required time frame or does not identify the account name, verbal documentation must be obtained from the fuel supplier.

- Verbal documentation obtained from the supplier must be recorded on the LIHEAP Case Notes (E1CN) screen which is accessed from the LIHEAP Registration (E1RG) screen and should include the date contacted, person contacted, current account name, current address, customer account number and fuel type.
- A current written statement from the fuel supplier documenting the account name, number and address.
- A current computer printout from the fuel supplier documenting the customer account name, number and address.
- A paid deposit receipt from the fuel supplier documenting the customer account name and address.

- **Fuel Oil, Propane and Kerosene**

There are three (3) documentation sources.

- A fuel supplier bill or delivery ticket that identifies the customer name and indicates the applicant has purchased fuel or paid on an account on or after July 1 of the current program year.
- A current written statement from the fuel supplier documenting that the applicant is a current customer.

NOTE: If the fuel supplier bill, delivery ticket or written statement does not indicate a fuel purchase or payment on or after July 1, verbal documentation must be obtained from the fuel supplier.

- Verbal documentation obtained from the supplier must be recorded on the LIHEAP Case Notes (E1CN) screen which is accessed from the LIHEAP Registration (E1RG) screen and should include the date contacted, person contacted, current account name, current address, customer account number and fuel type.

- **Wood Including Wood and Corn Pellets**

The only acceptable documentation source will be a statement from the supplier dated July 1 or later in the current program year indicating the applicant has purchased wood or pellets and has been charged for this or paid for labor to cut wood.

The wood statement must include the date of purchase/charge, supplier name, buyer's name and amount paid.

NOTE: Households that cut their own wood will not be eligible.

LANDLORD / RENTER APPLICANTS

A landlord applicant is a household who rents residential property and is responsible for heating and or cooling costs that are separate from the rent. In a landlord case the landlord bills the household directly.

A renter applicant is a household with heating/cooling costs included in their rent.

NOTE: Renter applicants are eligible to receive EA benefits; however, they are not eligible to receive ECIP benefits.

If the landlord/renter applicant has the same mailing address as their landlord, such as General Delivery or the same route/box number, it must be documented that they are living in separate households on LIHEAP Case Notes (E1CN) screen.

For an applicant's LIHEAP including both EA and ECIP documentation, a signed and completed Energy Assistance Landlord/Renter Documentation Request (EA-1E) must be in the record. If the landlord has an out-of-town or state address, the receipt of the EA-1E is still required. The EA-1E must be received within the application processing time frame.

NOTE: The application cannot be denied prior to the deadline because the EA-1E has not been received.

NOTE: A new EA-1E/receipt is not needed if the applicant is denied and reapplies within 30 days declaring the same landlord situation. Any change, alteration or unclear information must be resolved with the landlord and recorded on the LIHEAP Case Notes (E1CN) screen.

The following questions are found on the Energy Assistance Landlord/Renter Documentation Request (EA-1E) form. The answer to these questions will determine whether you are dealing with a Landlord or a Renter situation.

Question #1: "Is the above individual living in the property at the above address?"

Question #2: "Do you live in a separate household from your tenant?"

If answered "No", applicant must be contacted concerning correct household composition.

Questions #3, 4 and 5: Answers to these questions will determine landlord/renter status.

Use the form below as a guide in assisting you to determine if you have a Landlord or Renter situation.

<u>QUESTION</u>					
EA – 1E					
<u>ANSWER NO .</u>	<u>3</u>	<u>4A</u>	<u>4B</u>	<u>5</u>	<u>RESULT</u>
	Y	Y	Y	N/A	<u>RENTER</u>
	N	Y	Y	N/A	<u>RENTER</u>
	N	N	N/A	Y	<u>LANDLORD</u>
	Y	N	N/A	Y	<u>LANDLORD</u>
	N	Y	N	N/A	<u>RENTER</u>
	Y	N	N/A	N	<u>DENIED</u>
	Y	Y	N	N/A	<u>DENIED</u>
	N	N	N/A	N	<u>DENIED</u>

Question #6: The monthly amount of rent actually paid by the applicant is used to determine the benefit amount for Renter applicants. **NOTE:** If the rental amount paid by the applicant (as indicated on the EA-1E) exceeds the gross documented household income, the landlord must be contacted to clarify payment of rent. Verbal documentation recorded on the LIHEAP Case Notes (E1CN) screen will be acceptable. If the applicant is actually paying a lower amount, use only that figure to determine the benefit amount.

If the landlord declares the applicant is actually paying the amount indicated, the applicant must be contacted to secure an explanation.

One explanation could be unreported income or available resources. The worker will record the explanation on the LIHEAP Case Notes (E1CN) screen, document any unreported income and calculate the benefit level based on the amount of rent paid. If the unreported income and or resources exceed specified maximums, the application will be denied.

Another explanation could involve a change in household income (currently employed but not employed in the prior computation month). If so, record the explanation on the LIHEAP Case Notes (E1CN) screen and calculate the benefit amount based on the amount of rent paid.

Another possibility could involve an individual and or organization assisting the applicant with the rental payment. If the assisted rental payment is paid directly to the household,

the individual and or organization must be contacted to provide hard copy documentation of the income. The assisted rental payment will be included as income to the household and the benefit level will be calculated based on the total amount of rent paid.

If the assisted rental payment is paid directly to the landlord, it will not be counted as income. Also, only the amount of rent actually paid by the applicant will be used to determine the benefit level.

All information obtained from the applicant, individual or organization must be recorded on the LIHEAP Case Notes (E1CN) screen.

If the household fails to provide an adequate explanation or if rent is not being paid, the application will be denied.

If the applicant is living in subsidized housing (Question 3 is answered Yes), use only the amount paid by the applicant, not the total rental charges to determine the benefit amount.

NOTE: If it is determined to be a landlord situation, the amount of rent is not a determining factor of eligibility.

INCOME

Income includes both earned income and unearned income.

Earned income is defined as the following:

- Wages including regular pay, vacation, sick leave, bonuses and tips
- Self-employment earnings
- Roomer/boarder income
- Other payments for services rendered

Unearned income is defined as the following:

- Adoption Subsidies
- Alimony or Spousal Support
- Armed Forces Allotments
- Black Lung
- Blind Pension (BP)
- Child Support
- Foster Care (FC)
- Government Employee Pensions
- Installment Payments
- Private Pensions
- Railroad Retirement Benefits (RRB)
- Rent Payments received on Land/Buildings

- Royalties
- Social Security Administration Benefits (SSA)
- Strike Benefits
- Supplemental Aid to the Blind (SAB)
- Supplemental Security Income (SSI) Disability Payments
- Supplemental State Payments (SSP)
- Support from an individual(s) outside the LIHEAP household including contributions, personal loans, stipends and allotments from nursing homes
- Temporary Assistance for Needy Families (TANF)
- Unemployment Compensation Benefits (UCB)
- Veterans Administration
- Workman's Compensation

All gross earned and unearned income for each household member must be documented. If the declared income minus allowable deductions/exclusions exceeds the maximum, documentation will not be required.

Documentation for households classified as Category A where all members are receiving Food Stamps (FS) will consist of information from the FAMIS System.

For households with no members receiving food stamps (Category B case), or households where some household members do receive food stamps and some household members do not (Category C case), income documentation for members not on the food stamp case must be obtained for the month prior to the month of application from the various sources identified below.

EARNED INCOME

For earned income listed, the following are the only acceptable documentation sources:

- **Employment Income**
 - Payroll Check Stubs

All checks dated within the month prior to the month of application must be documented. **NOTE:** If check date is not available, pay period ending date or check deposit date will be used.

All check stubs must identify the wage earner by name or Social Security Number. If the pay stub is not dated or does not identify the wage earner by name or Social Security Number, documentation must be obtained from the employer.

All pay periods within the income computation month must be accounted for and you cannot multiply a pay stub by 4.333 or 2.166 to arrive at a monthly amount. The following are two examples used to determine income:

- Applicant applies 12/10; only pay period ending dates are identified:

10/31 through 11/11

11/14 through 11/25

11/28 through 12/09

For income computation purposes, the pay periods of 11/11 & 11/25 would be counted.

- Applicant applies 2/1; pay stubs indicate a pay period ending date and a check date:

Ending date 12/30; check date 01/06

Ending date 01/06; check date 01/13

Ending date 01/13; check date 01/20

Ending date 01/20; check date 01/27

Ending date 01/27; check date 02/03

For income computation purposes, the pay stubs with check dates of January would be counted.

NOTE: Year-to-date pay information can be used for missing pay periods, provided the appropriate pay stubs are available. Example: Worker has Oct. 10th and 24th dated YTD pay stubs. These YTD stubs can be used to document the Oct. 17th pay stub amount.

- Verbal documentation must be recorded on the LIHEAP Case Notes (E1CN) screen and include the name of the person providing the documentation, amount of gross income, type of deductions, if any, and the date documentation was secured.
- Employee Wage Documentation Report (EA-3).
- E1ES screen when earnings are indicated in conjunction with unemployment compensation benefits. **NOTE:** This will be included only if the compensation week is in the month prior to the month of application.
- Statement from employer with current date.
- **Self-Employment / Partnership Income**
 - Current Form 1040 Federal Income Tax Return.
 - If no Form 1040, then use the household member's business records for the month prior to the month of application.

- **Terminated Income**

- Employee Wage Documentation Form (EA-3).
- Employer statement (written or verbal). If verbal, record on the LIHEAP Case Notes (E1CN) screen.

NOTE: This includes missing pay period(s) due to temporary closings, layoffs or unpaid vacation.

- **Roomer-Boarder Income**

- Current statement (written/verbal) or canceled check indicating the amount of room/board paid in the month prior to application. Record on LIHEAP Case Notes (E1CN) screen if verbal.

UNEARNED INCOME

For unearned income listed, the following are the only acceptable documentation sources:

- **Temporary Assistance for Needy Families (TANF)**

TANF income can be documented via written documentation from FSD or the FAMIS TA Payment History screen. A copy of the screen must be retained in the case file. This screen can be accessed by clicking on the S024 screen.

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Department Client Number(DCN)

Social Security Number Search
SSN: 853215698

Please enter the nine digit Social Security Number

Search | Client Search(SCLR)

Click on the button before the DCN for "Participation Search(SPAR)"

[Client Search\(SCLR\)](#) • [DCN Search\(S019\)](#) • [SSN Search\(S024\)](#) • [SSN Search\(SSSN\)](#)
[Participation Search\(SPAR\)](#) • [Name Search\(SNME\)](#) • [Client Race/Ethnicity/Language Inquiry\(S030\)](#)
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(DCN1024A) Monday, July 28, 2008 2:26:06 PM

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SEARCHING FOR TANF INCOME INFORMATION:

1. Type the person's Social Security Number on the S024 screen.
2. Click on SEARCH.

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Department Client Number(DCN)


Social Security Number Search

SSN: 853215698
Information returned for SSN: 853215698

DCN	NAME	R/S	DOB	SSN	VER
 16441496	KELLEY LISA	2F	05/31/1984	853215698	V

S008: END OF DATA.

Search | Client Search(SCLR)

Click on the  button before the DCN for "Participation Search(SPAR)"

[Client Search\(SCLR\)](#) • [DCN Search\(S019\)](#) • [SSN Search\(S024\)](#) • [SSN Search\(SSSN\)](#)
[Participation Search\(SPAR\)](#) • [Name Search\(SNME\)](#) • [Client Race/Ethnicity/Language Inquiry\(S030\)](#)
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ACCESSING PARTICIPATION SEARCH:

1. The screen will display, "INFORMATION RETURNED FOR SSN".
2. Click on the "P" in the small box to the left of the DCN.
3. The Participation Search screen will display.

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Department Client Number(DCN)

Participation Search

Please enter the eight digit Department Client Number.

DCN: 16441496

The requested DCN **16441496** is associated with **KELLEY LISA**

You may click the following button(s) to transfer to their page.

[Income Maintenance](#) [FAMIS](#) [FACES](#)

They also participate in:

- Food Stamps(Old) - Child Support Enforcement - EPSDT - SS - PHS - MACSS - Hands - MCM - MMIS - MOHSAIC - EBT - FAMIS-MED - FACES

Enter a new DCN or click a system participation button.

[Submit](#) • [Return to SSN Search\(S024\)](#)

[Client Search\(SCLR\)](#) • [DCN Search\(S019\)](#) • [SSN Search\(S024\)](#) • [SSN Search\(SSSN\)](#)
[Participation Search\(SPAR\)](#) • [Name Search\(SNME\)](#) • [Client Race/Ethnicity/Language Inquiry\(S030\)](#)
[Update Client Information\(SUPD\)](#)
[Energy Assistance\(EIRG\)](#)

(DCN1056A) Monday, July 28, 2008 2:28:48 PM

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Done


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FAMIS SEARCH:

1. Click on the FAMIS button.
2. The Energy Assistance/FAMIS Program Participation Screen will display.

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Energy Assistance / FAMIS Program Participation Page - 1

SSN 853215698
DCN 0016441496 Name KELLEY LISA

EU	EU Status	Client Status	Client Date	Dup DCN	SuperCase Number	FSD Offices	Case Load
CC0016441496CHC001	CLO	CLO	1/20/2006		0000153532	04803	002760
FS0016441496FSP001	ACT	ACT	6/1/2007		0000153532	04803	002760
TA0016441496TAC001	ACT	ACT	6/27/2005		tab0004 53532	04803	002760
					0000050652	04803	

[S024 – Social Services SSN Search](#) [SPAR – Social Services Participation](#)
[E1RG Client Registration](#)

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ACCESSING TANF CASE FROM ENERGY ASSISTANCE/FAMIS PROGRAM PARTICIPATION SCREEN:

1. If the EU column displays a case number preceded by the letters TA, this indicates the TANF case. Click on the SuperCase number displayed in the SuperCase column.
2. The FAMIS SuperCase Member List screen will now display.

Home	Children	Family	Health Care	Youth	Local Offices
----------------------	--------------------------	------------------------	-----------------------------	-----------------------	-------------------------------


Energy Assistance / FAMIS Supercase Member List
Page - 1

SCN	0000153532					
Address	1307 E 89TH ST APT A					
City	KANSAS CITY	State	MO	Zip	64131	473273
County	0048					


Last Name	First Name	Middle Initial	DCN	SSN	Birth Date	Race	Sex
STALEY	MIKE	D	0014701438	586321576	8/10/1973	2	M
KELLEY	LISA	T	0016441496	853215698	5/31/1984	4	F
KELLEY	JOHN	T	0050916859	596832159	5/30/2000	2	M
STALEY	EDWARD	D	0058159510	865312586	1/1/2003	2	M
STALEY	FRANK	D	0062597172	653214589	1/1/2006	2	M

[FM0J Eligibility Unit Summary](#)
[E1RG – Client Registration](#)
[FM5F TA Payment History](#)

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NOTE: This screen lists the persons associated with this TANF case. SSN and Birth Date is displayed on this screen which can be used to document those case factors, if needed.

ACCESSING THE ENERGY ASSISTANCE/FAMIS TA PAYMENT HISTORY

1. Click on the FM5F TA Payment History link at the bottom of the screen.
2. The EA/FAMIS TA Payment History screen will be displayed. **NOTE:** This screen is the only documentation source for TANF income on Category B and C cases.
3. Print this screen for the case file.

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Division of Family Services

Energy Assistance / FAMIS TA Payment History

EU: TA0016441496TAC001 Name: KELLEY LISA

Benefit Month	Issuance Date	Issuance Number	Status Type	Payroll Type	Gross Amt	Recoup Amt	Net Amt
Jun 2007	6/2/2007	D04857340	ISS	REG	\$256.00	\$0.00	\$256.00
May 2007	5/2/2007	D04819810	ISS	REG	\$291.00	\$0.00	\$291.00
Apr 2007	4/2/2007	D04781812	ISS	REG	\$291.00	\$0.00	\$291.00
Mar 2007	3/2/2007	D04743573	ISS	REG	\$291.00	\$0.00	\$291.00
Feb 2007	2/2/2007	D04705088	ISS	REG	\$291.00	\$0.00	\$291.00
Jan 2007	1/2/2007	D04666262	ISS	REG	\$291.00	\$0.00	\$291.00
Dec 2006	12/2/2006	D04627286	ISS	REG	\$291.00	\$0.00	\$291.00
Nov 2006	11/2/2006	D04596770	CAN	REG	\$388.00	\$0.00	\$388.00
Nov 2006	11/2/2006	C00515354	ISS	RTO	\$291.00	\$0.00	\$291.00

S024 – Social Services SSN Search E1RG – Client

DSS Home Divisions Contact DSS

NOTE: If the month you are documenting income displays anything other than REG (Regular Payroll) in the PAYROLL TYPE field, you must then document TANF income for the current month. You will use the amount displayed in the Net Amount field.

- **Income Maintenance Income (IM)**

Income Maintenance income must be documented via transaction ID I066 Income Maintenance Payroll Information screen. A copy of the screen must be retained in the case file.

NOTE: If the month prior to the month of application indicates a retroactive deficiency payment (code C/M/X), the regular grant amount for the current month identified on I066 will be used to document income.

Listed below are the different types of IM assistance and their categorical I066 code letters. These code letters display on the I066 screen preceding the case number.

- Blind Pension (BP) - Code B
- Supplemental Aid to the Blind (SAB) - Code F
- Supplemental State Payments (SSP) - Code A, E or M

This screen can be accessed by clicking on the S024 screen.

The screenshot shows the Missouri Department of Social Services website. The header includes the department name and navigation links: Home, Children, Family, Health Care, Youth, and Local Offices. A search bar is present with the text "Social Security Number Search". Below the search bar, there is a field for "SSN:" with the value "953215326" entered. A red prompt says "Please enter the nine digit Social Security Number". There are two buttons: "Search" and "Client Search(SCLR)". Below the search area, there is a note: "Click on the [P] button before the DCN for 'Participation Search(SPAR)'". A list of links is provided: [Client Search\(SCLR\)](#), [DCN Search\(S019\)](#), [SSN Search\(S024\)](#), [SSN Search\(SSSN\)](#), [Participation Search\(SPAR\)](#), [Name Search\(SNME\)](#), [Client Race/Ethnicity/Language Inquiry\(S030\)](#), [Update Client Information\(SUPD\)](#), and [Energy Assistance\(E1RG\)](#). The footer contains the DSS Home, Divisions, and Contact DSS links, along with the department's address and contact information. A status bar at the bottom shows the date and time: (DCN10244) Monday, July 28, 2008 2:34:07 PM.

SEARCHING FOR IM INCOME INFORMATION:

1. Type the person's Social Security Number on the S024 screen.
2. Click on SEARCH.

Missouri Department of Social Services

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Department Client Number(DCN)

Social Security Number Search
 SSN: 953215326
 Information returned for SSN: 953215326

P	DCN	DOB	SSN	Name	VER	R/S

S008: END OF DATA.

Search | Client Search(SCLR)

Click on the **P** button before the DCN for "Participation Search(SPAR)"

[Client Search\(SCLR\)](#) • [DCN Search\(S019\)](#) • [SSN Search\(S024\)](#) • [SSN Search\(SSSN\)](#)
[Participation Search\(SPAR\)](#) • [Name Search\(SNME\)](#) • [Client Race/Ethnicity/Language Inquiry\(S030\)](#)
[Update Client Information\(SUPD\)](#)
[Energy Assistance\(E1RG\)](#)

(S0K10244) Monday, July 28, 2008 2:37:10 PM

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Done

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ACCESSING PARTICIPATION SEARCH:

1. The screen will display, "INFORMATION RETURNED FOR SSN".
2. Click on the "P" in the small box to the left of the DCN.
3. The Participation Search screen will display.

Missouri Department of Social Services

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Department Client Number(DCN)

Participation Search

Please enter the eight digit Department Client Number.

DCN: 05792040

The requested DCN 05792040 is associated with **I** Dowe Levert

You may click the following button(s) to transfer to their page.

Income Maintenance | Claims & Restitution

They also participate in:
- Senior Services - EA - Buyin - DIR/DEP - MMIS

Enter a new DCN or click a system participation button.

Submit | Return to SSN Search(S024)

[Client Search\(SCLR\)](#) • [DCN Search\(S019\)](#) • [SSN Search\(S024\)](#) • [SSN Search\(SSSN\)](#)
[Participation Search\(SPAR\)](#) • [Name Search\(SNME\)](#) • [Client Race/Ethnicity/Language Inquiry\(S030\)](#)
[Update Client Information\(SUPD\)](#)
[Energy Assistance\(E1RG\)](#)

(DCN1056A) Monday, July 28, 2008 2:38:24 PM

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INCOME MAINTENANCE SEARCH:

1. Click on the Income Maintenance (IM) button.
2. The Income Maintenance Search screen will display. **NOTE:** The letter code preceding the CASE ID indicates the IM assistance that is being provided. (i.e. Supplemental Aid to the Blind (SAB) will display code F)

[Go to content](#)

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Family Support

Income Maintenance Participation

Enter Department Client Number(DCN):

DCN	SSN	VER	Name	Race	Sex	Birth Date

Before the Case ID below select a 2 for Case List, a 4 for Case Data or a 6 for Payment Information

Select	Case ID	County	Worker	Load	Case Status	Individual Status	Date Closed
	L 05792040	053	09789	00011	REJECTED	<input type="button" value="tabClaimInfo2"/>	
2 <input type="radio"/> 4 <input type="radio"/> 6 <input type="radio"/>	F 05792040	053	09789	01471	ACTIVE	ACTIVE	

ACCESSING INCOME MAINTENANCE PAYROLL INFORMATION:

1. Click on 6 circle field under the Select column.
2. The Income Maintenance Payroll Information Screen will display.
3. Print this screen for the case file.

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Family Support

Income Maintenance Payroll Information

Transaction I066 Key F05792040 Date 06/06/07

Case No F 05792040 Name DOWE LEVERT

PERS	Check Number	Partial Amount	Issue Date	Codes	Status	Status Date	Restit	Xref	Co
00	K 6248307	\$ 468.00	061107						05
00	K 6235315	\$ 468.00	051007		PD	051607			05
00	K 6222251	\$ 468.00	041007		PD	041907			05
00	K 6209148	\$ 468.00	030907		PD	040207			05
00	K 6196138	\$ 468.00	020907		PD	021607			05
00	K 6183012	\$ 468.00	011007		PD	011707			05
00	K 6169926	\$ 468.00	121106		PD	121906			05
00	K 6156735	\$ 468.00	110906		PD	111606			05
00	K 6143611	\$ 468.00	101006		PD	102306			05
00	K 6130562	\$ 468.00	091106		PD	092106			05
00	K 6117526	\$ 468.00	081006		PD	081806			05

This screen must be used to document IM income for the month prior to the month of income on Category B and C cases. If that month involves a retroactive or deficiency payment (code C, M or X preceding the check number), the regular grant amount for the current month will be used. **NOTE:** TANF income must be documented using the FAMIS screens.

- **Social Security Administration (SSA), Supplemental Security Income (SSI), Veterans Administration Benefits (VA), Railroad Retirement Benefits (RRB), Black Lung Benefits, Government Employee Pensions, Private Pensions, Disability Payments, Strike Benefits or Workman's Compensation:**
 - Copy of the benefit check. **NOTE:** An exception would be for pensions since the gross amount is not always indicated.
 - 1099 R Tax Form – for pensions.
 - Copy of an award letter (SSA-2458).
 - Bank deposit slips/bank statements - Can only be used to document SSI, Social Security, Black Lung, RRB and VA, if sources are identified.

- Active Income Maintenance screen with I code can be used to document Social Security. Select code 4 may be used to document SSI in one-person households.
- Verbal documentation of Social Security, Black Lung, SSI, VA, RRB and pensions will be acceptable. This will be recorded on the LIHEAP Case Notes (E1CN) screen as to the date contacted, person contacted and information obtained.

NOTE: If an individual/couple are receiving less than the maximum SSI amounts, this may indicate other available income/resources. This may involve reviewing other available Income Maintenance information.

- **Social Security Administration (SSA) / Supplemental Security Income (SSI) Documentation**

NOTE: Information obtained from the E1SN and E1SI screens can only be used to document LIHEAP program eligibility. This information can not be accessed or used for other federal and state funded programs.

Only individuals known to the Department of Social Services will be identified using this system, so if you have an individual not known to the system, other documentation sources must be used.

Before you will be able to access SSA and SSI information, you will need to follow the instructions included in the Introduction of this manual SIGNING ONTO EA SYSTEM. When you sign on, the E1RG screen will display.

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E1RG

LIHEAP Registration

Applicant
SSN: 522123232 DCN: 63500162 Agency: - County: - Last UserID: FEATR/N1

Applicant Information
Last: WINTERLAND First: MARGARET MI: Date of Birth: 07-04-1958 Gender: F Verified:

Fiscal Year (FY): 05 Registration Date:

Message: Enter County

Inquiry Print

E1MM E1AP E1LW E1AC E1ES E1NS E1PY E1SJ E1SN
E1RG E1MM E1AP E1LW E1AC E1ES E1NS E1PN E1PY E1SD E1SI E1SN E1ST E1TD E1CA E1IR E1CM E1CD
S024 SCLR

User ID (FEATR/N1) Program:FEAU128 version0011 Monday, July 28, 2008 2:43:12 PM

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ACCESSING THE E1SN SCREEN:

1. Click on the E1SN BUTTON at the bottom of the E1RG screen. **NOTE:** The button will carry over the applicant SSN/DCN. If selecting to view another member, the E1SN LINK will produce a blank screen.
2. This will take you to the LIHEAP SSN Request screen.

1. Type the Social Security Number in SSN field or the DCN in the DCN field. **NOTE:** Both numbers are not required to locate the member.
2. Click on INQUIRY.
3. Once the SSN/DCN is entered, the system will search the DSS common area and if the SSN/DCN is found, the screen will display SSN/DCN, First Name, Last Name, Date of Birth and the message, "Request Sent"
4. Review information to verify it is correct.
5. Print a copy of E1SN screen for the case file.

To retrieve the SSA data you will access the SSA Benefit E1SI screen.

1. Click on E1SI BUTTON or LINK at the bottom of the E1RG screen.
2. This will take you to the LIHEAP SSA Benefit screen.

INQUIRE AND DISPLAY SSA BENEFIT INFORMATION;

1. Type DCN from screen print in DCN field.
2. Click on INQUIRY.
3. Print a copy of the screen for the case file.

The screen is divided into two sections. The first, TPQY-MBR-RESPONSE section, displays data concerning Social Security Administration (SSA) benefits and Supplemental Medical Insurance Entitlement.

- Payment Status: should indicate CURRENT PAY and Monthly Benefit will display the benefit amount.
- SMI Entitl: will indicate if the person is entitled to receive Supplemental Medical Insurance (SMI).
- Buy-In: will indicate if the person is in buy-in status (Y/N) and the Code field will display 260 if the state is paying their Medicare premium.

The second part of the screen, TPQY-SSR-RESPONSE section, displays data concerning Supplemental Security Income (SSI) benefits.

- Curr Benefit Dt: will display the month SSI is being received.
- Fed Amt: will display the SSI amount.

- **Unemployment Compensation Benefits (UCB)**

Missouri Unemployment Compensation Benefits must be documented using the Energy Assistance – LIHEAP Employment Security (E1ES) screen. A copy of the screen must be retained in the record. The E1ES screen is also used to document all household members age 18 and over who are declaring zero income.

If out-of-state UCB is received, hard copy documentation from that state's Employment Security Office will be acceptable.

Before you can access the E1ES screen you will need to follow the instructions included in the Introduction of this manual **SIGNING ONTO EA SYSTEM**. When you sign on the E1RG screen will display.

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E1RG

LIHEAP Registration

Applicant
SSN: 522123232 DCN: 63500162 Agency: - County: - Last UserID: FEATRN1

Last: WINTERLAND First: MARGARET MI: Date of Birth: 07-04-1958 Gender: F Verified:

Fiscal Year (FY): 05 Registration Date:

Message: Enter County

Inquiry Print

E1MM E1AP E1LW E1AC E1ES E1NS E1PN E1PY E1SD E1SI E1SN E1ST E1CD E1CA E1IR E1CM E1CD
S024 SCLR

User ID: FEATRN1

Program: FEATRN128 version: 0011 Monday, July 28, 2008 2:48:40 PM

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ACCESSING THE E1ES SCREEN:

1. Click on E1ES BUTTON at the bottom of the E1RG screen. **NOTE:** The button will carry over the applicant SSN. If selecting to view another member, the E1ES LINK will produce a blank screen.
2. This will take you to the Energy Assistance – LIHEAP Employment Security screen.

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E1ES

LIHEAP - Employment Security

SSN :

Message: Please Enter SSN

Inquiry

E1RG E1MM E1AP E1LW E1AC E1ES E1NS E1PY E1SI E1SN
E1RG E1MM E1AP E1LW E1AC E1ES E1NS E1PN E1PY E1SD E1SI E1SN E1ST E1CO E1CA E1R

tabnode 5024 SCL6

User ID: (EATRY)

Program: E1ES version: 2011 Monday, July 28, 2008 2:02:18 PM

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DISPLAYING EMPLOYMENT SECURITY INFORMATION:

1. Type member's SSN in SSN field.
2. Click on INQUIRY.
3. Print E1ES Screen for case file.

After entering the Social Security Number on the E1ES screen, you may need to scroll down the screen to view the Employment Security information.

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EIES

SSN: 654635963 LIHEAP - Employment Security

First Name	Last Name	SSN Number of	Birth Date	Race	Sex	Marital
Address		City St	Zip			
308 LOCUST B4		FREDERICKTOWN MO	63645			

Message: Good data

Inquiry

[E1RG](#) [E1MM](#) [E1AP](#) [E1LW](#) [E1AC](#) [E1ES](#) [E1NS](#) [E1PY](#) [E1SI](#) [E1SN](#)
[E1RG](#) [E1MM](#) [E1AP](#) [E1LW](#) [E1AC](#) [E1ES](#) [E1NS](#) [E1PY](#) [E1SI](#) [E1SN](#) [E1ST](#) [E1CO](#) [E1CA](#) [E1R](#)
[S02A](#) [SCLR](#)

User ID (FEATRV1)

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Wages for prior quarters, if any, will be displayed first. **NOTE:** Wages cannot be documented using this screen, unless received in conjunction with UCB, since wage information is always at least a quarter behind.

The wage section will be followed by any Unemployment Compensation. **NOTE:** This screen is the only allowable documentation source for Missouri Unemployment Compensation Benefits.

Unemployment Compensation								
Claim Type	Date Filed	Effective Date	Last Date Worked	Max Benefit	Weekly Benefit	Balance	Sep	SSN Changed
REG	060428	060423	060202	\$ 1322.66	\$ 87.00	\$ 0.00	3	0
Comp Week	Check Date	Check Amount	Earnings	Remuneration	Code	Rec Flag		
060701	060705	\$ 58.00	\$ 49.00	\$ 0.00	0	0		
060708	060711	\$ 46.00	\$ 61.00	\$ 0.00	0	0		
060715	060718	\$ 26.00	\$ 81.00	\$ 0.00	0	0		
060722	060726	\$ 87.00	\$ 18.00	\$ 0.00	0	0		
060729	060802	\$ 57.00	\$ 50.00	\$ 0.00	0	0		
060805	060808	\$ 38.00	\$ 69.00	\$ 0.00	0	0		
060812	060815	\$ 61.00	\$ 46.00	\$ 0.00	0	0		
060819	060822	\$ 87.00	\$ 0.00	\$ 0.00	0	0		
060826	060829	\$ 87.00	\$ 0.00	\$ 0.00	0	0		
060902	060906	\$ 86.00	\$ 21.00	\$ 0.00	0	0		
060909	060912	\$ 87.00	\$ 15.00	\$ 0.00	0	0		
060916	060919	\$ 81.00	\$ 26.00	\$ 0.00	0	0		
060923	060926	\$ 0.00	\$ 0.00	\$ 0.00	E	0		
060930	061004	\$ 0.00	\$ 15.00	\$ 0.00	E	0		
061007	061011	\$ 87.00	\$ 15.00	\$ 0.00	0	0		
061014	061017	\$ 87.00	\$ 0.00	\$ 0.00	0	0		

UCB will be documented by using the Check Date and Check Amount columns. All amounts displayed for the month prior to the month of application must be included.

Earnings will be included only if displayed in the Earnings field and if the Comp Week column reflects a date in the month prior to the month of application.

NOTE: Income tax withholding will be counted as income and will be identified by a Code field column entry of 0 & a Rec Flag column entry of 5. Child support payments are an allowable deduction and would be denoted by an entry in the Code field column of 5 and an entry in the Rec Flag field column of 5. Any overpayments would also be an allowable exclusion as denoted by an entry of 4 in the Code field column.

- **Foster Care Payment/Adoption Subsidies**

The applicant must contact Children and Youth Services staff to secure documentation. The only acceptable documentation source is written documentation from a Social Service Worker.

- **Installment Income**

Installment income is defined as income from the installment sale of property including interest and principal less any legal obligations owed against the property.

NOTE: This income may not involve the month prior to the month of application procedure.

The documentation required for this income is a statement, contract, and current or prior year's tax form.

- **Contributions**

Contributions are defined as possible sources of monetary assistance from family or friends, alimony or spousal support, child support, personal loans, stipends or allotments from individuals in a nursing home.

Documentation for contributions can come from a variety of sources including the following:

- Actual checks
- Contracts
- Divorce Decree
- Notes
- Notice of Eligibility for Nursing Facility/Other Vendor form (IM-62)
NOTE: Verbal documentation from the nursing home will be acceptable in documenting allotments and will be recorded on the LIHEAP Case Notes (E1CN) screen
- Repayment agreements
- Signed and dated statement from friends, relatives and organizations

For child support payment documentation you can use court records, Missouri Automated Child Support System (MACSS) payment records or access a web site to determine the last three payments. The applicant will have to provide their child support case ID for you to access the information on this web site.

Access www.dss.mo.gov/cse/paym.htm

The screenshot shows the Missouri Department of Social Services website. The header includes the department name, navigation links (Home, Children, Family, Health Care, Youth, Local Offices), and contact information for Governor Matt Blunt and Director Deborah E. Scott. The main content area is titled "Payment Information" and features a "Click Here" button with a dollar sign icon. Below the button, text explains that users need an eight-digit child support case number to access payment information. A "back" link and "CSE" text are also visible. The footer contains the department's address, a disclaimer, and a link to the Missouri Home Page.

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Family Support Division
Child Support Enforcement

«Information»

- Contact DSS
- DSS Divisions
- Director's Office
- Caseload Counter
- Reading Room
- Toll Free Numbers
- Tax Credits

«Headlines»

- Jamison Decision
- Durable Medical Equipment Information
- Missouri Rx Plan
- Medicaid Transformation Report
- Press Releases

Search DSS

Adoption Information

ATTENTION - Reserve & National Guard Soldiers

Payment Information

Click Here

To obtain information on the last three payments received and disbursed on your child support or spousal support order.

To access CSE's on-line payment information, you must have your eight-digit child support case number, sometimes referred to as the "IV-D case number" or "MACSS case number." To obtain that number, you may call or write [your local child support office](#).

Please note: You are accessing a secure site. If you experience a security alert window, you must click "Yes" or "Okay" to proceed.

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ACCESSING CHILD SUPPORT PAYMENT INFORMATION:

1. Click on \$ Click Hear button and a Security Alert box will appear.
2. Click on OK button.
3. The Child Support Payment Information Screen will appear and you will type in the eight-digit child support case number and click on SUBMIT.
4. The screen will now display the Support Order(s) and you will click on the Support Order ID to bring up the last three payments and last three disbursements. **NOTE:** You may need to check on all orders to determine if payments are being made on more than one order.
5. Print this screen for the case file.

Child support documentation for the person paying child support is the payment received information. Child support documentation for the person receiving child support is the disbursement information. **NOTE:** Please check to make sure the payee is the member who is receiving child support. If not, do not include this amount in their income.

If the payment is a weekly amount and is in the same amount every week, you will be allowed to project forward using the same documented amount for the missing week(s).

If the payment amount is weekly and varies from week to week, the worker will need to secure documentation of the missing child support payments. The worker will not be allowed to project forward in these situations.

If documentation of child support isn't displayed for the income computation month needed, the worker will need to contact the applicant and have them obtain a copy of their payment record.

- **Rental Income**

Rental income received from rental of land or buildings must be included in determining total household income. **NOTE:** CRP (Conservation Reserve Program) payments will be counted as income.

Documentation sources will consist of rent receipts, contracts, signed and dated statement from the tenant or cancelled checks.

The next step in processing the application is to associate the household members to the applicant. This data entry is completed on the LIHEAP Member (E1MM) screen.

LIHEAP MEMBER (E1MM) SCREEN

The purpose of this screen is to enter/display all household members on a LIHEAP case.

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LIHEAP Member

Applicant
SSN: 689598762 DCN: 63500122 Agency: A12 - NECAC County: 069 - MONROE Last UserID: FEATR1
Last: DIXON First: ANGEL MI: Verified: YES

Member(s) Information

SSN	DCN	Name (Last, First MI)	Gender	Birth Date	Disabled	Relationship	Status	AcctHolder
[01] 689598762	63500122	DIXON, ANGEL	F	03-15-1977	No	Applicant	Active	No

Other Household Member(s):
[02] Landlord/Renter:

Verify: (Enter "YES" to Confirm)
Message: Applicant Found

E1RG E1MM E1AP E1LW E1AC E1ES E1NS E1PY E1SI E1SN
E1RG E1MM E1AP E1LW E1AC E1ES E1NS E1PY E1SI E1SN E1ST E1CQ E1CA E1IR
S024 SCLR

User ID (FEATR1)

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E1MM SCREEN USING THE E1MM BUTTON

A full E1MM screen will display the Applicant SSN, DCN, Agency, County, Last User ID, Applicant Last Name, First Name, MI, Verified and the Fiscal Year (FY) drop down box in the header of the screen already populated. The applicant's identifying information will be listed under Member's Information in the first line [01]. The message will display, "Applicant Found, Enter All Other Household Member SSN's And Click Inquiry Button. If No Other Members in Home, Indicate If Disabled, If Acct/Holder or Landlord/Renter, Verify And Click Save Button".

NOTE: The VERIFIED field will display NO until all the members have been verified.

NOTE: If the applicant has not been registered on E1RG, a message will display, "SSN not registered". E1RG screen must be completed and verified before entering data on E1MM.

The E1MM screen is used to record SSN, DCN, Name, Gender and Birth Date of each member. This screen is also where Disability, Relationship to Applicant, Member Status, Account Holder and Landlord/Renter data is recorded. E1MM will search the DCN common area for each member and populate this information on the screen, if found.

ENTERING MEMBER DATA ON E1MM SCREEN

1. The current Fiscal Year (FY) defaults to the current year. Select the Fiscal Year (FY) from the drop down box if accessing a year other than the current year.
2. Type the SSN for each household member listed on the EA-1 application.
3. Click on INQUIRY.
4. The SSN, DCN, Name, Gender and Birth Date will populate if the member can be located in the common area. **NOTE:** If the member is not located in the common area, it will be necessary to enter the member into the common area. Identifying information for all household members must be entered before proceeding.
5. Select the DISABLED drop down box for each member and choose YES or NO to indicate whether the member has a disability. **NOTE:** The DISABLED field defaults to NO for all household members.
6. Select the RELATIONSHIP drop down box for each member and select either SPOUSE or MEMBER to indicate how the member is related to the applicant. **NOTE:** The RELATIONSHIP field will already be populated for the applicant.
7. Select the STATUS drop down box and select either ACTIVE, INACTIVE or DECEASED to indicate current member status. **NOTE:** The STATUS field defaults to ACTIVE for all household members.
8. Select the ACCT/HOLDER drop down box and select YES to indicate which member is listed on the energy bill. All other members will say NO in this field.
9. If none of the members are the ACCT/HOLDER due to a LANDLORD/RENTER situation, leave the ACCT/HOLDER field N and select the LANDLORD/RENTER drop down box and select YES to indicate if this is a landlord/renter situation. **NOTE:** LANDLORD/RENTER and ACCT/HOLDER fields cannot display the same response. If the ACCT/HOLDER field displays YES then the LANDLORD/RENTER field must display NO and vice versa.

10. Review data for accuracy.
11. Type YES in the VERIFY box.
12. Click on SAVE.
13. A message will display, "Applicant Updated, All Members Updated". **NOTE:** Once verified, data can be changed/corrected through Friday of the week the data was entered. After Friday passes, the screen will be locked from data entry changes/corrections until after the supplier response has been recorded for payments made to participating suppliers. For payments made directly to the applicant, the screen can be changed after the payment is processed.

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E1MM

LIHEAP Member

Applicant
 SSN: 689598762 DCN: 63500122 Agency: A12 - NECAC County: 069 - MONROE Last UserID: FEATRN1
 Last: DIXON First: ANGEL MI: Verified: YES
 Fiscal Year (FY): 09

Member(s) Information

	SSN	DCN	Name (Last, First MI)	Gender	Birth Date	Disabled	Relationship	Status	Acct/Holder
[01]	689598762	63500122	DIXON, ANGEL	F	03-15-1977	No	Applicant	Active	No
[02]	069X06789					No	Member	Active	No

Other Household Member(s):
 [03] Landlord/Renter: Yes

Verify: (Enter "YES" to Confirm)
 Message: Applicant Found, [02] Pseudo SSN Accepted

Inquiry Save Print

ETRG E1MM ETAP E1LW ETAC E1ES E1NS E1PY E1SD E1SI E1SN E1ST E1CQ E1CA E1R
 5024 SCLB

User ID: FEATRN1 Program: FEATRN125 version: 0511 Thursday, August 07, 2008 8:30:43 PM

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ENTERING MEMBER WITH PSEUDO SSN ON E1MM

1. Type the applicant SSN on E1MM.
2. The current Fiscal Year (FY) defaults to the current year. Select the Fiscal Year (FY) if a year other than the current year is needed.
3. Click on INQUIRY.
4. The LIHEAP MEMBER (E1MM) screen will display.
5. A [] will display next to an updateable field. This field is used for entering a member's SSN/PSEUDO SSN.
6. Type PSEUDO SSN. **NOTE:** The first three digits of a PSEUDO represent the county number. This must agree with the County code, which is displayed in the County field at the top of the screen.
7. Click INQUIRY.

8. Type member Last Name, First Name, MI, Date of Birth and Gender in the available fields.
9. Select the DISABLED drop down box for each member and choose YES or NO to indicate whether the member has a disability. **NOTE:** The DISABLED field defaults to NO for all household members.
10. Select the RELATIONSHIP drop down box for each member and select either SPOUSE or MEMBER to indicate how the member is related to the applicant. **NOTE:** The RELATIONSHIP field will already be populated for the applicant.
11. Select the STATUS drop down box and select either ACTIVE, INACTIVE or DECEASED to indicate current member status. **NOTE:** The STATUS field defaults to ACTIVE for all household members.
12. Select the ACCT/HOLDER drop down box and select YES to indicate which member is listed on the energy bill. All other members will say NO in this field.
13. If none of the members are the ACCT/HOLDER due to a LANDLORD/RENTER situation, leave the ACCT/HOLDER field N and select the LANDLORD/RENTER drop down box and select YES to indicate if this is a landlord/renter situation. **NOTE:** LANDLORD/RENTER and ACCT/HOLDER fields cannot display the same response. If the ACCT/HOLDER field displays YES then the LANDLORD/RENTER field must display NO and vice versa.
14. Review data for accuracy.
15. Type YES in the VERIFY box.
16. Click on SAVE.
17. A message will display, "Applicant Updated, All Members Updated". **NOTE:** Once verified, data can be changed/corrected through Friday of the week the data was entered. After Friday passes, the screen will be locked from data entry changes/corrections until after the supplier response has been recorded for payments made to participating suppliers. For payments made directly to the applicant, the screen can be changed after the payment is processed.

A new E1MM screen will display when E1MM is accessed using the link.

ACCESSING E1MM SCREEN BY SELECTING THE E1MM LINK

1. Type the applicant SSN on E1RG.
2. The current Fiscal Year (FY) defaults to the current year. Select the Fiscal Year (FY) if a year other than the current year is needed.
3. Click on INQUIRY.
4. The LIHEAP REGISTRATION (E1RG) screen will display.
5. Click on E1MM LINK and you will be taken to the LIHEAP MEMBER (E1MM) screen.

After the members are associated with the applicant and E1MM is verified, the next step in processing the application is to enter the information from the application onto the LIHEAP Application (E1AP) screen.

LIHEAP APPLICATION (E1AP) SCREEN

The purpose of this screen is to transfer data from the LIHEAP EA-1 application form to this screen. The Registration (E1RG) and Member (E1MM) screens must be completed and verified to enter data on this screen. This screen has four main sections: Household Information, Primary Supplier Information, Secondary Supplier Information and Landlord/Renter Information.

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E1AP

LIHEAP Application

Applicant
 SSN: 68958762 DCN: 63500122 Agency: A12-NECAC County: 069-MONROE Last UserID: FEATRN1
 Applicant Name: MI: Verified: NO
 Last: DIXON First: ANGEL
 Fiscal Year (FY): 08
 Date Stamp: 06-01-2008

Household Information (Hide) (Show)
 Address 1: 1512 HERIFORD
 Address 2: SUITE C
 City: COLUMBIA State: Missouri Zip: 65202
 Phone Number: 673-815-6325 Household size: 01 Home Owner: No Home Weatherized: Yes
 Ineligibility: Select One Resource Amount: 0

Primary Supplier Information (Hide) (Show)
 Account Number: 23456 Customer
 Last Name: DIXON SSN: 689-58-8762
 First Name: ANGEL MI:
 Number: 999999999 Supplier
 Name: RENTER
 Address 1: State: Zip:
 Address 2: City: Email:
 Phone Number: Service: Not in Crisis
 Energy Source: Natural Gas
 Date Contacted: Person Contacted:

Secondary Supplier Information (Hide) (Show)
 Applicant Signature Date: Verify: (Enter "YES" to Confirm)

Message: Applicant Found. Enter Data and Click Save Button.

Inquiry Save Print

E1RG E1MM E1AP E1LW E1AG E1ES E1NS E1PY E1SI E1SV
 E1RG E1MM E1AP E1LW E1AG E1ES E1NS E1PY E1SI E1SV E1GQ E1CA E1R
 8024 5018

Program:FEAU108 version:001 Friday, August 08, 2008 12:28:28 PM

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E1AP SCREEN USING THE E1AP BUTTON

E1AP screen will display the Applicant SSN, DCN, Agency, County, Last User ID, Applicant Last Name, First Name, MI, Verified and Fiscal Year (FY) drop down box in the header of the screen already populated.

Each of the four sections is preceded by a HIDE/SHOW feature. Household Information and Primary Supplier Information come over with the SHOW feature on. Secondary Supplier Information comes over with the HIDE feature on. Landlord/Renter is not available unless E1MM has indicated the household as Landlord/Renter. When Landlord/Renter is YES, the information will come over with the SHOW feature on. Any section can be hidden from view by selecting the HIDE feature.

NOTE: When printing the E1AP screen, all four sections will print regardless of whether the HIDE feature has been selected.

The Application Date Stamp, Household Information and Primary Supplier Information appear ready for data entry.

Secondary Supplier Information is accessible for data entry by clicking on the SHOW button.

If E1MM indicates YES in the Landlord/Renter field, the Landlord/Renter Information will also display and is ready for data entry.

The message should display, "Applicant Found; Enter Data and Click Save Button".

NOTE: VERIFIED field will indicate NO until the application has been verified on E1AP.

NOTE: If the applicant has not been registered on E1RG, a message will display, "SSN not Registered". If the applicant has been registered on E1RG, but E1MM has not been verified, a message will display, "Applicant Found but E1MM Screen Not Verified". E1RG must be registered and E1MM must be verified before entering data on E1AP.

- The E1AP screen is used to record Date Stamp and Applicant Signature Data.
- Household Information records Household Address, Household Phone Number, Household Size, Home Owner, Home Weatherized, Resource Amount and Ineligibility data (when applicable). Primary/Secondary Supplier Information captures Customer Account Number, Account Holder Name, Supplier Name, Address, Account Number, Energy Source, Service and Contact data.
- Landlord/Renter Information records Landlord Name, Address, Landlord Billed, Heat in Rent, Subsidized Housing, Section 8 and Monthly Rent data.
- Household Information and Primary Supplier Information appear ready to populate.

ENTERING APPLICATION DATA ON E1AP SCREEN

1. The current Fiscal Year (FY) defaults to the current year. Select the Fiscal Year (FY) from the drop down box if accessing a year other than the current year.
2. Type the date the application was received in the Date Stamp field. This should be entered as MMDDCCYY.
3. Type the Address, City and Zip Code for the household from the EA-1 application.
NOTE: The State field defaults to Missouri. If one of Missouri's eight surrounding states (Iowa, Illinois, Kentucky, Tennessee, Arkansas, Oklahoma, Kansas or Nebraska) is needed, click on the drop down box and select the appropriate state.
4. Type the Phone Number for the household.
5. Household size displays the number of active household members listed on E1MM. This field cannot be changed on E1AP.
6. Select Home Owner drop down box and choose YES or NO to indicate whether the applicant is buying or owns their home. **NOTE:** This field defaults to NO.
7. Select Home Weatherized drop down box and choose YES or NO to indicate whether the residence has been weatherized. **NOTE:** This field defaults to NO.

8. Type the Resource Amount from the application. This is a required field. A zero will be entered when there are no resources. **NOTE:** Resources should be recorded in whole dollars. (i. e. \$45 will read as \$45.00.)
9. Type the Primary Supplier Customer Account Number. **NOTE:** When the name on the energy bill is a variation of the name carried over on E1MM from the DCN Common Area, the Primary Supplier Information fields allow a change to the ACCT/HOLDER name to agree with the energy bill. (i.e. E1MM displays the ACCT/HOLDER as Robert Smith, but the energy bill indicates Bob Smith; type Bob in the Primary Supplier Name field)
10. The SSN field is not an updatable field. It defaults to the account holder's SSN from the E1MM screen.
11. Enter the Last Name, First Name and MI of the account holder if the name is different than member selected as account holder on E1MM. This field defaults from E1MM.
12. Type the Primary Supplier Number. [Reference Participating Home Energy Supplier List (FEARR500), LIHEAP SUPPLIER NAME SEARCH (E1SS) screen or Appendix F for Other Supplier Codes].
13. Select the Energy Source drop down box and choose the Primary Energy Source. **NOTE:** This must be an energy source the supplier provides. See LIHEAP Supplier Update (E1SD) screen to view approved energy sources.
14. Click the SERVICE Field if the Primary Energy Source is threatened or terminated and choose the option that applies. The SERVICE field defaults to Not in Crisis.
15. Click SAVE, but do not verify until the screen is completed. When SAVE has been clicked on, the Primary Supplier Name, Address, Phone Number fields will display. The EMAIL Field will populate if the data is available.
16. Click on the DATE CONTACTED Field if the Primary Supplier was contacted.
17. Type the PERSON CONTACTED if the Primary Supplier was contacted.
18. Select the SHOW button which appears by Secondary Supplier Information.
19. Repeat instructions 3 through 17 when Secondary Supplier Information is being added to E1AP.
20. Type the Applicant Signature Date. This is the date the applicant signed the application. This field is optional; however, it should be entered when the data is available.
21. Review data for accuracy.
22. Type YES in the VERIFY box.
23. Click on SAVE.
24. A message will display, "Applicant Updated". **NOTE:** Once verified, data can be changed/corrected through Friday of the week the data was entered. After Friday passes, the screen will be locked from data entry changes/corrections until after the supplier response has been recorded for payments made to participating suppliers. For payments made directly to the applicant, the screen can be changed after the payment is processed.

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E1SS

LIHEAP - Supplier Name Search

Search Key *Supplier Name *Denotes Required Field Location (City)

Message: Enter Supplier Name

Inquiry

E1RS E1RP E1UD E1SP E1SD E1SA E1CD E1PP E1SS

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ACCESSING THE LIHEAP SUPPLIER NAME SEARCH (E1SS) SCREEN

1. Click on the E1SS Link.
2. The LIHEAP SUPPLIER NAME SEARCH (E1SS) screen will display. A message, "Enter Supplier Name" will display.
3. Type the supplier name in the SUPPLIER NAME field.
4. Type the city the supplier is located in, if known, in the LOCATION (CITY) field.
5. Click on INQUIRY. The Supplier Number, Name, City, Phone, Fuel Types (identified by number) and Email (if available) will appear. A message, "Record Found" will display.

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E1SS

LIHEAP - Supplier Name Search

Search Key *Supplier Name *Denotes Required Field Location (City)

AMEREN UE ST LOUIS

Supplier #	Name	City	Phone	Fuel Types	Email
150054000	AMEREN UE	ST LOUIS		13	CCOVALT@AMEREN.COM

Message: Record Found

Details Label Inquiry

E1RS E1RP E1UQ E1SP E1SD E1SA E1QD E1PP E1SS

User ID (PEAR001) Program (FEA1SS version=001) Wednesday, September 03, 2008 9:10:52 AM

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ACCESSING THE LIHEAP SUPPLIER DETAIL (E1SD) SCREEN

1. On E1SS screen, click on DETAILS button immediately preceding the Supplier Number.
2. You will flow to the LIHEAP SUPPLIER DETAIL (E1SD) screen and the message, "Supplier Number Found; Enter Update" will display. The Supplier Number, Media Type (FTP, Web or Paper) Supplier Name, Address, Phone Number, Email (if known), fuel types (identified by name), Supplier Start and End Dates will display.
NOTE: Community Action Agencies (CAA) will not have add/update capability on the E1SD screen.

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LIHEAP Supplier Detail

Supplier Number: Primary: 150054 Sub: 000 Media Type: F-FTP Payment Method: Direct Deposit

Supplier Name: AMEREN UE

Address Line 1: 1901 CHOUTEAU AVE

Address Line 2: P O BOX 66881 MC 310

City: ST LOUIS

State: MO

Zip: 63166

Supplier Phone:

Fax:

Email: CCOVALT@AMEREN.COM

Fuel Types: Natural Gas ☒ Propane Gas ☐ Electric ☒ Fuel Oil ☐

Start Date: 06-01-2008

End Date: 12-31-2008

Contact Name:

Message: Supplier Number Found. Enter Update.

Inquiry Save E1SS(Supplier Name Search) E1RC(Supplier Case Notes)

E1RS E1RP E1UD E1SP E1SD E1SA E1CD E1PP E1SS

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NOTE: Clicking on the E1SS Link will break the data entry flow of the LIHEAP APPLICATION (E1AP) screen. Any data entered will be lost and will require re-entering. It is recommended to search for the supplier name and number prior to entering data on the E1AP screen.

LANDLORD/RENTER APPLICATIONS

The LANDLORD/RENTER box will only be displayed requiring data entry when the LIHEAP Member (E1MM) screen displays ACCT/HOLDER as NO and LANDLORD/RENTER as YES.

LIHEAP Application

Applicant SSN: 689598762 DCN: 63500122 Agency: A12-NECAC County: 069-MONROE Last User ID: FEATRN1
 Last: DIXON First: ANGEL Applicant Name MI: Verified: NO
 Fiscal Year (FY): 09 Date Stamp: 06-01-2008

Household Information (Hide) (Show)
 Primary Supplier Information (Hide) (Show)
 Secondary Supplier Information (Hide) (Show)
 Landlord/Renter Information (Hide) (Show)

Name Last: JONES First: BOB MI:
 Address 1: 803 SMITHTER
 Address 2:
 City: COLUMBIA State: Missouri Zip: 65202
 Phone Number: Landlord Billed: No Heat in Rent: Yes
 Monthly Rent: 50 Subsidized Housing: No Section 8: No

Applicant Signature Date: Verify: (Enter "YES" to Confirm)

Message: Applicant Found: Enter Data and Click Save Button.


Inquiry Save Print

E1RQ E1RM E1AP E1LW E1AC E1ES E1HS E1PP E1SI E1SL
 E1RQ E1MM E1AP E1LW E1AG E1ES E1HS E1EN E1PY E1SQ E1SI E1SH E1ST E1CQ E1CA E1R
 8024 SOLS

User ID: FEATRN1 Program: FEAL108 version: 001 Friday, August 08, 2008 8:31:44 AM
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ENTERING LANDLORD/RENTER ON E1AP


1. The current Fiscal Year (FY) defaults to the current year. Select the Fiscal Year (FY) from the drop down box if accessing a year other than the current year.
2. Type available Household Information. **NOTE:** Resource amount is a required field and must be recorded in whole dollars. (i.e. \$45 will read as \$45.00.)
3. Type Primary Supplier Information. **NOTE:** Primary Supplier Number must be typed as 777777777 for Landlord Designation and as 999999999 for Renter Designation.
4. Type Secondary Supplier Information as needed.
5. Type the Landlord Last Name, First Name and MI.
6. Type the Landlord Address, City and Zip Code. **NOTE:** The State field defaults to Missouri. If one of Missouri's eight surrounding states (Iowa, Illinois, Kentucky, Tennessee, Arkansas, Oklahoma, Kansas or Nebraska) is needed, click on the drop down box and select the appropriate state.
7. Type the Landlord Phone Number.
8. LANDLORD BILLED and HEAT IN RENT fields default to a YES or NO based upon the Primary Supplier Number entered. When 777777777 for Landlord is the Primary Supplier Number, LANDLORD BILLED will display YES and HEAT IN RENT will display NO. When 999999999 for Renter is the Primary Supplier Number, LANDLORD BILLED will display NO and HEAT IN RENT will display YES.
9. Type MONTHLY RENT. **NOTE:** This is a required field when Primary Supplier Number is 999999999 for RENTER. **NOTE:** MONTHLY RENT should be recorded in whole dollars. (i.e. \$32 will read as \$32.00.)



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Applicant

SSN:


Fiscal Year (FY):

Message: Enter SSN

[EIRG](#) [EIMM](#) [EJAP](#) [EILW](#) [E1AC](#) [E1ES](#) [E1NS](#) [E1PY](#) [E1SI](#) [E1SN](#)
[E1RG](#) [E1MM](#) [E1AP](#) [E1LW](#) [E1AC](#) [E1ES](#) [E1NS](#) [E1PY](#) [E1SD](#) [E1SI](#) [E1SN](#) [E1ST](#) [E1CO](#) [E1CA](#) [E1UR](#)
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USER ID: FEA7RHX1
Program: FEAur106 version: 4011 Friday, August 09, 2008 9:41:40 AM

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1. Type the applicant SSN on E1MM.
2. The current Fiscal Year (FY) defaults to the current year. Select the Fiscal Year (FY) if a year other than the current year is needed.
3. Click on INQUIRY. The LIHEAP Member (E1MM) screen will display.
4. Click on E1AP Link and you will be taken to the LIHEAP APPLICATION (E1AP) screen.

INELIGIBILITY DETERMINATION

The LIHEAP Registration (E1RG) screen, LIHEAP Member (E1MM) screen and Household Address Information are required documentation for all cases, including those deemed INELIGIBLE. The INELIGIBLE reason must also be documented. INELIGIBILITY determinations are recorded on the LIHEAP Application (E1AP) screen. All determinations must be recorded in the LIHEAP EA System for statistical data and federal reporting.

The screenshot displays the 'LIHEAP Application' form. At the top, it includes the Missouri Department of Social Services logo and navigation links. The form fields are organized into sections: Applicant Information (SSN, DCN, Agency, County, Last User ID, Last, Fiscal Year, Date Stamp, First, Applicant Name, MI, Verified), Household Information (Address 1, Address 2, City, State, Zip, Phone Number, Household size, Home Owner, Home Weatherized, Resource Amount), and Ineligibility (a dropdown menu). The dropdown menu is open, showing a list of reasons for ineligibility, including (A) Excess Income, (B) Income Documentation Not Provided, (C) Supplier Documentation Not Provided, (D) SSN Documentation Not Provided, (E) Customer Account Name Changed Not Completed, (F) Resource Documentation Not Provided, (G) Application Form Not Signed & Returned, (H) Household Management Not Explained for Low/No Income, (I) Permanent Residency Documentation Not Provided, (J) Excess Resources, (K) Negative Supplier Response, (L) Not Living In Home At Time Of Application, (M) Living In Subsidized Housing and Not Billed For Heat, (N) Cuts Own Wood, (O) Heats With Coal, (P) Roomer, Boarder or Live-In Attendant, (Q) Incarcerated, (R) Not a US Citizen or Permanent Resident Alien, (S) Landlord Form Not Provided, and (T) Other. The form also includes a 'Message: Applicant Found' field, 'Save' and 'Print' buttons, and a footer with navigation links and a timestamp.

If determine LIHEAP ineligibility for any other reason than (A) Excess Income or (K) Negative Supplier Response, you will select the reason for ineligibility from the INELIGIBILITY drop down box.

(A) Excess Income will populate upon completion of the LIHEAP Worksheet (E1LW) screen when the applicant's income exceeds that allowed on the LIHEAP – Income Ranges and Benefit Amounts (E1IR) screen.

(K) Negative Supplier Response will populate upon receipt/recording of the energy supplier response.

Ineligibility reasons B, C, D, E, F, G, H, I, J, L, M, N, O, P, Q, R, S and T require user input.

ENTERING INELIGIBLE APPLICANT WHEN CODE OTHER THAN (A) OR (K)

1. Type Date Stamp date.
2. Type Household Address and Phone Number in Household Information.
3. Type Resource Amount. **NOTE:** RESOURCE AMOUNT is a required field and must be recorded in whole dollars. (i.e. \$45 will read as \$45.00.)
4. Select the INELIGIBILITY drop down box.
5. Click on appropriate reason for applicant ineligibility.
6. Type YES in VERIFY box.
7. Click SAVE.
8. A message will display, "Applicant Updated". **NOTE:** Once verified, data can be changed/corrected through Friday of the week the data was entered. After Friday passes, any changes to eligibility will require a reapplication. **NOTE:** For Excess Resource denials, if you enter over \$3,000 in RESOURCE AMOUNT and click on SAVE prior to entering the (J) code, a message will display "Resource Amount Exceeds Maximum; Ineligible Reason (J) Not Selected". Also, if you select Excess Resource (J) and click on SAVE prior to entering an amount over \$3,000, a message will display "Resource Amount Must Be Greater Than 3000; If Ineligible Reason (J) Selected".

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E1IR

LIHEAP - Income Ranges and Benefit Amounts

Fiscal Year (FY): Base Poverty Level: Additional Person:

Household Size	Income Ranges and Benefit Amount (125%) Monthly Income Amounts				
	A	B	C	D	E
1	0 - 217	218 - 435	436 - 653	654 - 871	872 - 1084
2	0 - 292	293 - 585	586 - 878	879 - 1171	1172 - 1459
3	0 - 367	368 - 735	736 - 1103	1104 - 1471	1472 - 1834
4	0 - 442	443 - 885	886 - 1328	1329 - 1771	1772 - 2209
5	0 - 517	518 - 1035	1036 - 1553	1554 - 2071	2072 - 2584
6	0 - 592	593 - 1185	1186 - 1778	1779 - 2371	2372 - 2959
7	0 - 667	668 - 1335	1336 - 2003	2004 - 2671	2672 - 3334
8	0 - 742	743 - 1485	1486 - 2228	2229 - 2971	2972 - 3709
9	0 - 817	818 - 1635	1636 - 2453	2454 - 3271	3272 - 4084
10	0 - 892	893 - 1785	1786 - 2678	2679 - 3571	3572 - 4459
11	0 - 967	968 - 1935	1936 - 2903	2904 - 3871	3872 - 4834
12	0 - 1042	1043 - 2085	2086 - 3128	3129 - 4171	4172 - 5209
13	0 - 1117	1118 - 2235	2236 - 3353	3354 - 4471	4472 - 5584
14	0 - 1192	1193 - 2385	2386 - 3578	3579 - 4771	4772 - 5959
15	0 - 1267	1268 - 2535	2536 - 3803	3804 - 5071	5072 - 6334
16	0 - 1342	1343 - 2685	2686 - 4028	4029 - 5371	5372 - 6709
17	0 - 1417	1418 - 2835	2836 - 4253	4254 - 5671	5672 - 7084
18	0 - 1492	1493 - 2965	2966 - 4478	4479 - 5971	5972 - 7459
19	0 - 1567	1568 - 3135	3136 - 4703	4704 - 6271	6272 - 7834
20	0 - 1642	1643 - 3285	3286 - 4928	4929 - 6571	6572 - 8209

Fuel Type	A	B	C	D	E
Natural Gas	283	249	227	196	174
Tank Propane	301	268	235	202	169
Electric	277	246	219	184	153
Fuel Oil	292	256	225	193	162
Wood	184	164	143	123	103
Kerosene	116	104	91	78	65
Cyl Propane	138	123	107	91	76

Message: Income Ranges And Benefit Amount Records Found

[Inquiry](#) [Save](#) [Print](#)

[E1RG](#) [E1MM](#) [E1AP](#) [E1LW](#) [E1NA](#) [E1AC](#) [E1ES](#) [E1NS](#) [E1PH](#) [E1PY](#) [E1SD](#) [E1SI](#) [E1SN](#) [E1ST](#) [E1CO](#) [E1CA](#) [E1IR](#) [E1RD](#) [E1SS](#)
[S024](#) [SCLR](#)
[E1ST](#)

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ACCESSING THE LIHEAP – INCOME RANGES AND BENEFIT AMOUNTS (E1IR) SCREEN

1. Click on the E1IR Link.
2. The LIHEAP – INCOME RANGES AND BENEFIT AMOUNTS screen will display. A message, "Select Fiscal Year" will display. **NOTE:** The current Fiscal Year (FY) defaults to the current year. Select the Fiscal Year (FY) if a year other than the current year is needed.

3. Click on INQUIRY. The message, "Income Ranges And Benefit Amount Records Found" will display. **NOTE:** Community Action Agencies (CAA) will not have add/update capability on the E1IR screen. The CAA may click on the PRINT button for a copy.

SUMMARY

Now that application distribution, registration, eligibility, household information, documentation, timeframes, emergency services, adding Registration (E1RG), Member (E1MM) and Application (E1AP) screens have been added and verified, the next step in the application process is to determine eligibility/ineligibility concerning income. The process for determining this eligibility will be completed on the LIHEAP worksheet (E1LW) screen which will be discussed in the next section. Included in the determination section will be items such as Fair Hearings, Claims and Restitution and case file transfers.

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DETERMINATION

INTRODUCTION

Once a household has been registered, members have been added and verified on the LIHEAP Member (E1MM) screen, the application information has been added and verified on the LIHEAP Application (E1AP) screen if the case has not been determined ineligible, you will need to determine the household's monthly income. The procedure for documenting a household's income is made by determining the household's classification as a Category A, Category B, or Category C case.

Procedures for entering income, income exclusions, deductions and adjustments will be described for all three case categories. This section will include details about processing the following screens: LIHEAP Worksheet (E1LW); LIHEAP Income Summary (E1IS) and LIHEAP Income Member Detail (E1ID).

This section will also outline policy on denials, hearings, claims and restitution and case file transfers.

CASE CATEGORIES

Category A Case: Are cases in which all members listed on the LIHEAP application form are included in a Food Stamp Eligibility Unit (FSEU).

Category B Case: Are cases in which no household members are included in a FSEU.

Category C Case: Are cases in which some, but not all of the members of the household are included in a FSEU.



DETERMINING CASE CATEGORY

To determine if all or any of the household members are included in a FSEU case you will need to follow the instructions included in the Introduction of this manual SIGNING ONTO EA SYSTEM.

Once a case is successfully registered on E1RG, the household members are added on E1MM and application information is added to E1AP, you are ready to access the LIHEAP Worksheet (E1LW) screen.

ACCESSING THE LIHEAP WORKSHEET (E1LW) SCREEN:

1. Click on the E1LW button.
2. The LIHEAP Worksheet (E1LW) screen will display.

		Matt Blunt, Governor Deborah E. Scott, Director			
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E1LW					
LIHEAP Worksheet					
Applicant SSN: <input type="text" value="754125478"/> DCN: 63500080 Agency: A01-CMCA County: 026-COLE Last UserID: N/A Last: SCHROEDER First: PATTY MI: Verified: No Fiscal Year (FY): <input type="text" value="09"/>					
Income Calculation (Hide) (Show)					
Application Date: 08-08-2008 Gross Unearned Income: 350.00 Gross Earned Income: 700.00 Earned Income Adjustment: x.80 Income Subtotal: 910.00 Elderly / Disabled Deduction: 100.00 Child Support Paid Deduction: 0.00 SMI Deduction: 0.00 Medicare Part 'D' Deduction: 0.00 Total Net Income: 810.00 Category: A Resources: 0 CARS Amount: 0.00 EA Benefits: 219.00					
Primary Supplier Information (Hide) (Show)					
Account Number: 123456789 Name: PATTY SCHROEDER Number: 150054000 Supplier: Name: AMEREN UE Phone Number: 57355-5123 Email: Service: Not in Crisis Energy Source: Electric					
Secondary Supplier Information (Hide) (Show)					
Account Number: Name: Supplier: Name: Email: Service:					
Renter Information (Hide) (Show)					
Annual Rent: x.08 Estimated Rental Energy Expense:					
ECIP Benefits (Hide) (Show)					
Benefit Amount: \$ <input type="text"/> Date: <input type="text"/> Supplier Number: <input type="text"/> Paid Date: <input type="text"/>					
Other Payment Amounts (Hide) (Show)					
Funding: <input type="text"/> Amount: \$ <input type="text"/> Voucher Number: <input type="text"/> Energy Source: <input type="text" value="Selected one"/>					
Verify: <input type="text"/> (Enter "YES" to Confirm)					
Message: Applicant Eligible For Processing. If Ready To Process Case, Enter YES In The Verify Box and Click On The SAVE Button.					
Inquiry Famis Save Print					
E1RG E1MM E1AP E1LW E1NA E1AC E1ES E1NS E1PY E1SI E1SN E1RG E1MM E1AP E1LW E1NA E1AC E1ES E1NS E1PN E1PY E1SD E1SI E1SN E1ST E1CO E1CA E1IR S024 SCLR					
User ID: (FEATRIN1) Program: (FEAU101 version=001) Friday, August 08, 2008 4:02:31 PM					
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NOTE: By accessing the E1LW screen, the system will collect information for each member from FAMIS.

The E1LW screen displays the following sections:

- Income calculation which includes information on income, deductions, case category, resources, CARS amount and EA Benefits
- Primary and Secondary supplier information from the E1AP screen
- Renter information to display the benefit amount based on 8% of the annual rent cost
- Energy Crisis Intervention Program (ECIP) Benefits to enter ECIP benefit amounts **NOTE:** These are not mandatory fields
- Other payment amounts to enter payments such as Dollar More and Dollar Help **NOTE:** These are not mandatory fields

If all household members are included on a FSEU, the CATEGORY field will display A. If none of the members are included on a FSEU, the CATEGORY field will display a B. If some, but not all the members are included on a FSEU, the CATEGORY field will display a C.

Entering income information is different for each case category.

CATEGORY A CASE

Category A cases are cases in which all household members listed on the LIHEAP application form are included in a FSEU. When this determination is made, income from the Family Assistance Management Information System (FAMIS) will be populated into the EA System. The user will not be allowed to make any updates on these members income information. The user may, however, view the LIHEAP Income Summary (E1IS) screen.

ACCESSING THE LIHEAP INCOME SUMMARY (E1IS) SCREEN:

1. Click on the E1IS (Income Summary) button on the E1LW screen.
2. The E1IS screen will display the message, "Successfully Displayed".

NOTE: The E1IS screen is a summary screen and information cannot be updated on this screen.

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E1IS

LIHEAP Income Summary

Applicant
SSN: 754-12-5478 DCN: 63500080 Agency: A01-CMCA County: 026-COLE
Applicant Name
Last: SCHROEDER First: PATTY MI: Fiscal Year: 09

Member(s)				Income		Deductions			
SSN	DCN	FSEU Case	Name(Last, First MI)	Gross Unearned	Gross Earned	SMI	Child Support	Medicare Part D	Verified
Details 754-12-5478	63500080	FS00635000	SCHROEDER PATTY	\$ 350.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	Y
Details 654-58-5821	63500082	FS00635000	CLOWN MOMMA	\$ 0.00	\$ 700.00	\$ 0.00	\$ 0.00	\$ 0.00	Y
Totals:				\$ 350.00	\$ 700.00	\$ 0.00	\$ 0.00	\$ 0.00	

Message: Successfully Displayed.

[E1LW\(Return to Worksheet\)](#) [Print](#)

[E1LW\(New Worksheet\)](#)

User ID: FEATRN1) Program: FEAU102 version=001) Friday, August 08, 2008 8:05:27 PM

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The Income Summary (E1IS) screen will display unearned income, earned income, and child support deductions for each member. The income and deductions are considered verified since this information is populated from FAMIS. The screen also displays the income and deduction totals for the household that is used on the E1LW screen.

NOTE: For Category A cases the FSEU CASE field will be populated. The FSEU CASE may not display the same case number if the members are on different FSEU cases.

For a Category A Case, the SMI and Medicare Part D will display 0.00 as these deductions are not populated from FAMIS.

You can move to any one member's Income Detail (E1ID) screen from the summary screen, or you may return to the LIHEAP Worksheet (E1LW) by clicking on the E1LW (Return to Worksheet) button.

You will access the LIHEAP Member Income Detail (E1ID) screen from the E1IS screen.

ACCESSING THE LIHEAP MEMBER INCOME DETAIL (E1ID) SCREEN:

1. Click on the DETAIL button next to the members' SSN on the E1IS screen.
2. The E1ID screen will display the message, "FSEU Case – No Update Allowed".

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E1ID

LIHEAP - Member Income Detail

Applicant
SSN: 754-12-5478 DCN: 63500080 Agency: A01-CMCA County: 026-COLE Last UserId:

Applicant Name
Last: SCHROEDER First: PATTY MI: Fiscal Year: 09 Verified: Yes

Member Information
SSN: 754-12-5478 DCN: 63500080 Last: SCHROEDER First: PATTY MI:

FSEU CASE - NO UPDATE ALLOWED

INCOME

Gross Unearned:

Source:	Frequency:	Amount(s):
Social Security	Monthly	1) 350.00
Please Select	Please Select	1) 0.00

Total Unearned Income: \$ 350.00

Gross Earned:

Source:	Frequency:	Amount(s):
Please Select	Please Select	1) 0.00

Total Earned Income: \$ 0.00

Self Employment Income: 0.00 /12 = 0.00 (Tax form 1040) Total Unearned, Earned & Self-Employment Income: \$ 350.00

DEDUCTIONS

Child Support

Frequency:	Amount(s):
Please Select	1) 0.00

Total Child Support Deductions: \$ 0.00

SMI Monthly Amount: 0.00 Total SMI: \$ 0.00

Medicare Part D Monthly Amount: 0.00 Total Part D: \$ 0.00

Total Deductions: \$ 0.00

Message: FSEU Case - No Update Allowed

[Print](#)

[E1IS\(Return to Summary\)](#)

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For the Category A case, both the message and income information sections display a red message indicating, "FSEU – No Updates Allowed". No updates will be allowed for a Category A applicant or member. This screen is view only.

RETURNING TO THE E1IS SCREEN:

1. Click on the E1IS (Return to Summary) button at the bottom of the E1ID screen to return to the E1IS screen.

From the E1IS screen, you can then return to the LIHEAP Worksheet (E1LW) screen.

RETURNING TO THE E1LW SCREEN:

1. Click on the E1LW (Return to Worksheet) button at the bottom of the E1IS screen.

After you return to the E1LW screen, you will need to click on the FAMIS button to access FAMIS before saving and verifying the worksheet.

VERIFYING CATEGORY A CASE WORKSHEET:

1. The message, "Applicant Eligible For Processing. If Ready To Process Case, Enter YES In The Verify Box and Click On The SAVE Button" will display.
2. Type YES in the VERIFY field and click on SAVE button.
3. The screen will refresh with a message, "Worksheet Has Been Verified."

CATEGORY A CASE INCOME DEDUCTIONS

In determining income eligibility, the following income deductions are used:

Earned Income Deduction of 20%

This deduction applies to employment income including wages, vacation pay, regular bonuses, overtime, tips, sick leave, maternity leave, roomer/boarder and self-employment income. When earned income is populated by FAMIS, the E1LW automatically calculates this deduction.

Medical Deduction for Elderly/Disabled

This deduction is automatically given to households in which the applicant or spouse is elderly (age 65 or older) or disabled. These households will be entitled to a \$100 deduction for medical expenses. Only one \$100 deduction will be allowed, even if both applicant and spouse meet either or both criteria. This deduction is automatically included on the E1LW screen from information entered on the Registration (E1RG) and Member (E1MM) screens. The age is automatically determined by the system from birth date information. The disability status is entered on the E1MM screen. **NOTE:** If the disability status is not indicated on the E1MM screen for the applicant or spouse, this deduction will not appear on the E1LW income calculation information.

Child Support Payments

All child support payments paid by any household member to someone not included in the LIHEAP household during the month prior to the month of application will be an allowed deduction. For category A cases, this amount will be populated from the FAMIS system and deducted on the E1LW screen.

The following income deductions may be used if a Category A case is determined ineligible due to excess income.

Supplemental Medical Insurance (SMI) Premium

Category A cases in which the income exceeds the LIHEAP maximum will be allowed the SMI premium deduction, if applicable. The SMI premium will be deducted for any household member who is paying the premium. If income ineligible, obtain documentation including the LIHEAP SSA Benefit (E1SI) screen, award letter, Income Maintenance screens or verbal contact with the Social Security Administration that the individual is actually paying the SMI premium. **NOTE:** See the Application section of this manual for the process of obtaining this documentation. If anyone in the household pays the SMI premium, the household may become income eligible by deducting the SMI premium(s). This deduction will be entered in the FS ADJUSTMENT field on E1LW.

Accessing Income Maintenance Screen for SMI Deduction

To gain access to Supplemental Medical Insurance (SMI) buy-in status, follow the procedures described below.

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Department Client Number(DCN)

Social Security Number Search

SSN: 123456789

Please enter the nine digit Social Security Number

Search | Client Search(SCLR)

Click on the  button before the DCN for "Participation Search(SPAR)"

[Client Search \(SCLR\)](#) [DCN Search \(S019\)](#) [SSN Search \(S024\)](#) [SSN Search \(SSSN\)](#)
[Participation Search \(SPAR\)](#) [Name Search \(SNME\)](#) [Client/Race/Ethnicity/Language Inquiry \(S030\)](#)
[Update Client Information \(SUPD\)](#)
[Energy Assistance \(E1RG\)](#)

(DCN1024A) Friday, July 27, 2007 12:56:05 PM

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SEARCHING FOR SUPPLEMENTAL MEDICAL INSURANCE (SMI) BUY-IN STATUS:

1. Type the person's Social Security Number on the S024 screen.
2. Click on SEARCH button.
3. The S024 screen will display with information related to the given SSN.

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Department Client Number(DCN)

Social Security Number Search

SSN:

Please enter the nine digit Social Security Number

|

Click on the button before the DCN for "Participation Search(SPAR)"

[Client Search\(SCLR\)](#) •
 [DCN Search\(S019\)](#) •
 [SSN Search\(S024\)](#) •
 [SSN Search\(SSSN\)](#)
[Participation Search\(SPAR\)](#) •
 [Name Search\(SNME\)](#) •
 [Client Race/Ethnicity/Language Inquiry\(S030\)](#)
[Update Client Information\(SUPD\)](#)
[LIHEAP Registration\(EIRG\)](#)

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ACCESSING PARTICIPATION SEARCH:

1. The screen will display, "End of Data"
2. Click on the "P" in the small box to the left of the DCN.
3. The Participation Search screen will display.

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Department Client Number(DCN)

Participation Search

Please enter the eight digit Department Client Number.

DCN:

The requested DCN **60078767** is associated with **BREWER MARY**.

You may click the following button(s) to transfer to their page.

They also participate in:

- EA

Enter a new DCN or click a system participation button.

•

[Client Search\(SCLR\)](#) • [DCN Search\(S019\)](#) • [SSN Search\(S024\)](#) • [SSN Search\(SSSN\)](#)
[Participation Search\(SPAR\)](#) • [Name Search\(SNME\)](#) • [Client Race/Ethnicity/Language Inquiry\(S030\)](#)
[Update Client Information\(SUPD\)](#)
[LIHEAP Registration\(EIRG\)](#)

(DCN1056A) Thursday, August 21, 2008 1:31:05 PM

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INCOME MAINTENANCE SEARCH:

1. The screen will display, "Enter a new DCN or click a system participation button."
2. Click on the INCOME MAINTENANCE (IM) button, if it appears, in order to display the IM Participation screen.

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Income Maintenance Participation

Enter Department Client Number(DCN): 24854516

DCN	Name	Race	Sex	Birth Date	SSN	VER
24854516	BURR JOY LYNN	1	F	12311956		V

Before the Case ID below select a 2 for Case List, a 4 for Case Data or a 6 for Payment Information

Select	Case ID	County	Worker	Load	Case Status	Individual Status	Date Closed
	L 24854516	028	13833	00008	REJECTED	REJECTED	
2 4 6	Q 24854516	028	28621	00002	REJECTED	REJECTED	
2 4 6	M 24854516	028	35748	00243	ACTIVE	ACTIVE	
2 4 6	R 24854516	028	23467	00005	REJECTED	REJECTED	
2 4 6	C 24854516	028	32936	00239	CLOSED	CLOSED	022603
2 4 6	C724854516	028	32936	00239	CLOSED	CLOSED	022603

ACCESSING INCOME MAINTENANCE CASE LIST:

1. The IM Participation screen will appear with a message, "ID3 Inquiry Complete."
2. If a case ID number preceded by a B, E, F, M or Q is displayed and the INDIVIDUAL STATUS field is ACTIVE, click on the 2 button to access the IM Case List screen.

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Income Maintenance Case List Page - 1

Transaction I061 Key M 24854516 Date 07/27/07

Case ID	County	Worker	Load	Case Status	Date Close
M 24854516	028	35748	00243	ACTIVE	

Select	DCN	Name	Race	Sex	Birth Date	SSN	VER	Individual Status
<input type="button" value="I"/>	24854516	BURR JOY LYNN	1	F	12311956		V	ACTIVE

For Individual Information press the button in front of the desired DCN above:

MESSAGE: **I03:INQUIRY COMPLETE**

• • •

(FIM1061A) Friday, July 27, 2007 1:22:28 PM

ACCESSING INCOME MAINTENANCE INDIVIDUAL DATA:

1. The IM Case List screen appears with the message, "Inquiry Complete."
2. Click on the "I" in the Select field to access the IM-Individual Data screen.

NOTE: This is the only way to access this screen.

Income Maintenance - Individual Data			
Transaction	I069	Key	24854516
Date	07/27/07		
Case ID	M 24854516	Case Name	BURR JOY LYNN
Individual Dcn	24854516	Individual Name	BURR JOY LYNN
		Individual Race	1
		Individual Sex	F
		Individual Birth Date	12/31/1956
		Individual SSN	
		SSN Verification	V
INDV STATUS :	ACTIVE	NEWBORN IND :	
LEVEL / CARE:	T T	\$30 1/3 DATE:	
XIX BEGIN :	05/01/99	\$30 OR 2/3 :	
XIX END :		REF/ENT DATE:	
INS DRP DT :		UTILITY STD :	
INS IND :		MAINTEN STD :	
STATUS DATE :	05/24/99	TRANS PROP :	
QDWI/QMB BEG:	02/01/02	SPOUSAL INC :	0.00
QDWI/QMB END:		SHELTER EXP :	0.00
BI :	Y 1200	SSA CLAIM NO:	
SLMB BEG :		OASDI AMOUNT:	534.00
SLMB END :		SSI AMOUNT :	0.00
SECND PARENT:		WORKERS COMP:	0.00
URG CODE :		VA BENEFITS :	0.00
ALIEN/VERIFY:	C	SHELTER WRK :	0.00
ERND INCOME :	0.00	EMP ID NUMBR:	
HOURS WORKED:		ERND INCOME2:	0.00
EMP ID NUMBR:		HOURS WORKED:	
UNERND INC :	0.00	UNEMP COMP :	0.00
CHILD SUPP :	0.00	STP PRNT INC:	0.00
MINOR PARENT:	0.00	INS PREM AMT:	0.00
CHILD CARE :	0.00		

MESSAGE:

Determining Supplemental Medical Insurance (SMI) Buy-In Status

For category A cases, this deduction is only taken if the applicant is over income and the individual is paying for this out of his/her own pocket. The Social Security amount will be documented using the "OASDI" field. The SMI buy-in status will be determined by reviewing the "BI" field on the left side of the screen. If a "Y" is displayed in the BI field, it will indicate that the individual is in buy-in status; and that they are not paying their own SMI premium. The premium then will not be deducted from their income. If an "N" is displayed in the BI field, it will indicate that the individual is not in buy-in status; and they do pay their buy-in amount. The premium amount will then be deducted from their income. This deduction will be entered in the FS ADJUSTMENT field on E1LW.

Medicare Part D Prescription Drug Coverage

For category A cases, this deduction is only taken if the applicant is over income and the individual is paying for this premium out of his/her own pocket. If you are using the LIHEAP SSA Benefit (E1SI) screen, the Medicare Part D Prescription Drug Coverage Premium has already been deducted from the monthly benefit amount displayed on the screen. If you are not using the E1SI screen, the deductions will need to be taken from the monthly benefit amount statement provided by the applicant. This deduction will be entered in the FS ADJUSTMENT field on E1LW.

CATEGORY A CASE INCOME COMPUTATION EXCEPTION

There is one income computation exception used with Category A cases.

Cost of Living Adjustment (COLA) Increases

FAMIS will reflect the January increase in Social Security (SS)/ Supplemental Security Income (SSI) or Railroad Retirement Benefits (RRB) for applications taken prior to February 1st. If the income exceeds the LIHEAP maximum, you will need to enter the difference between the amount from FAMIS and the actual amount received in the prior month's benefit amount. This difference will be entered in the FS ADJUSTMENT field on the LIHEAP Worksheet (E1LW). This exception will only involve applications taken prior to February 1st that are over income and have FAMIS information from December or January.

Food Stamp Adjustment

Category A case deductions and income computation exceptions that make the case ineligible due to excess income will be entered in the FS ADJUSTMENT field on the E1LW screen. **NOTE:** The FS ADJUSTMENT field will not appear on an A case if the household is not over income.

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LIHEAP Worksheet

Applicant: SSN: 625841788 DCN: 60078683 Agency: A18-USCAA County: 048-JACKSON Last UserID: FEAR001

Last: WHITE First: SARA MI: J Verified: Yes

Fiscal Year (FY): 09

Application Date: 08-03-2008

Gross Unearned Income: 1500.00

Gross Earned Income: 700.00

Earned Income Adjustment: x.00

Income Subtotal: 2060.00

Elderly / Disabled Deduction: 0.00

Child Support Paid Deduction: 0.00

SMI Deduction: 0.00

Medicare Part D Deduction: 0.00

FS Adjustment: \$ 0.00

Category: A

Total Net Income: 2060.00

Resources: 0

E1IS(Income Summary)

CARS Amount: 0.00 EA Benefits: 0.00

Primary Supplier Information (Hide) (Show)

Secondary Supplier Information (Hide) (Show)

Renter Information (Hide) (Show)

ECIP Benefits (Hide) (Show)

Other Payment Amounts (Hide) (Show)

Verify: ☐ (Enter "YES" to Confirm)

Message: Case Will Be Denied, Excess Income. Worksheet Has Been Verified

Inquiry Famis Save Print

E1RG E1MM E1AP E1LW E1NA E1AC E1ES E1NS E1PN E1PY E1SD E1SI E1SN E1ST E1CQ E1GA E1B S024 SCLR E1ST

User ID: FEAR001

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ENTERING FOOD STAMP ADJUSTMENT

1. On a Category A case, type in the amount of the income deduction or exclusion in the FS ADJUSTMENT field on the E1LW screen.
2. Click on SAVE button. The TOTAL NET INCOME field will be updated with the adjusted amount. If the case is income eligible, the EA BENEFITS field will display the EA benefit amount. **NOTE:** If the total net income amount is still over the LIHEAP benefit income range, the case remains ineligible due to excess income.

CATEGORY B CASE

Category B cases are cases in which no household members are included in a FSEU. When this determination is made, you will be entering all household income and deduction information using the following screens: LIHEAP Worksheet (E1LW); LIHEAP Income Summary (E1IS); and LIHEAP Income Member Detail (E1ID).

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E1LW

LIHEAP Worksheet

Applicant
SSN: DCN: 07756614 Agency: A17-SCMCAACounty: 111-WAYNE Last UserID: N/A

Applicant Name
Last: BORENS First: JASPER MI: Verified: No

Fiscal Year (FY): 09

Income Calculation ([Hide](#)) ([Show](#))

Application Date: 07-15-2008
Gross Unearned Income: 0.00
Gross Earned Income: 0.00
Earned Income Adjustment: x.80
Income Subtotal: 0.00
Elderly / Disabled Deduction: 0.00
Child Support Paid Deduction: 0.00
SMI Deduction: 0.00
Medicare Part 'D' Deduction: 0.00
Total Net Income : 0.00 [E1IS\(Income Summary\)](#)

Category : B Resources: 152 CARS Amount: 0.00 EA Benefits: 0.00

Primary Supplier Information ([Hide](#)) ([Show](#))

Secondary Supplier Information ([Hide](#)) ([Show](#))

Renter Information ([Hide](#)) ([Show](#))

ECIP Benefits ([Hide](#)) ([Show](#))

Other Payment Amounts ([Hide](#)) ([Show](#))

Message: All Members Income Must Be Verified To Process Case; Click On The E1IS(Income Summary) Button.

[Inquiry](#) [Famis](#) [Print](#)

[E1RG](#) [E1MM](#) [E1AP](#) [E1LW](#) [E1NA](#) [E1AC](#) [E1ES](#) [E1NS](#) [E1PY](#) [E1SI](#) [E1SN](#)
[E1RG](#) [E1MM](#) [E1AP](#) [E1LW](#) [E1NA](#) [E1AC](#) [E1ES](#) [E1NS](#) [E1PN](#) [E1PY](#) [E1SD](#) [E1SI](#) [E1SN](#) [E1ST](#) [E1CO](#) [E1CA](#) [E1IR](#)
[S024](#) [SCLR](#)

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ACCESSING THE LIHEAP WORKSHEET (E1LW) SCREEN:

1. Click on the E1LW button.
2. The LIHEAP Worksheet (E1LW) screen will display.

NOTE: For Category B cases the message, "All Members Income Must Be Verified to Process Case. Click on the E1IS (Income Summary) Button" will display.

Before accessing the E1IS you will need to determine income, income exclusions, deductions and exceptions to enter this information on the E1ID screen.

CATEGORY B CASE INCOME DETERMINATION

For a Category B case, once you access the LIHEAP Worksheet the CATEGORY field will display "B". This indicates that no members were brought back from FAMIS on a FSEU. For Category B cases, you will determine and enter income by using the following steps:

- Determine all gross earned and unearned income less the allowable income exclusions for the month prior to the month of application. See Application Documentation section on how to document earned and unearned income.
- Print the LIHEAP Employment Security (E1ES) screen for any household member 18 or older declaring zero income. If the E1ES screen indicates that an individual has been employed within the last six months, you will document whether the income has been terminated and record this information on the LIHEAP Case Notes (E1CN) screen which is accessed through the LIHEAP Registration (E1RG) screen. If the individual has wages in the income computation month, the amount must be documented in the case file. If Unemployment Compensation Benefits (UCB) is received in the month prior to the month of application, it will be included in determining total household income. See the Application Documentation section on how to access E1ES and display income and UCB information.
- If the total household monthly net income is zero, the following actions must be completed:
 - Contact the applicant to inquire how the household manages to keep current on their rent, utilities, etc. with no income. The applicant's response will be recorded on the LIHEAP Case Notes (E1CN) screen. If the management of this household cannot be adequately explained, the application will be denied.
 - Secure copies of the Participant Search (SPAR) screen for all household members age 18 or older. If participation is indicated, secure copies of the I066 and/or FAMIS screens to determine income is indicated and should be included.

Each person in a Category B household must have their LIHEAP Member Income Detail (E1ID) screen entered and verified, even if the person is claiming zero income.

CATEGORY B CASE INCOME EXCLUSIONS

Category B cases are entitled to the following income exclusions:

Retroactive/Deficiency Payments

Income Maintenance Benefit Retroactive/Deficiency payments made under the Income Maintenance programs will be excluded when received in the month prior to the month of application. The code letters C, M or X before the check number will display on the Income Maintenance Payroll screen. Regular payments are identified with a K code.

Federal Entitlement and Private Pension retroactive or deficiency payments will also be excluded. Only the regular monthly benefit amount will be counted as income.

Overpayments

Overpayments from the following sources:

- Black Lung
- Government Employee Pensions
- Income Maintenance
- Private Pensions
- Railroad Retirement Benefits (RRB)
- Social Security Administration (SSA)
- Supplemental Security Income (SSI)
- Unemployment Compensation Benefits (UCB) that are being deducted from the current benefit amount will be excluded
- Veterans Administration Benefits (VA)

NOTE: Only income actually being received from these sources will be counted as income.

Income Which the Household Has No Control

Income received over which the household has no control are the following:

- Reimbursement for expenses incurred in connection with employment and/or training. This exclusion refers only to reimbursement, such as mileage for job related travel expenses, etc. This is not to be interpreted to allow for expenses of producing income.
- Reimbursements for medical expenses such as Medicare.
- Reimbursement for Foster Care expenses such as clothing/transportation.
- Payments made to others on behalf of a household will be excluded. These payments occur when a person or organization outside the household uses its funds to make a direct payment to either the household's creditors or to a person or organization providing a service to the household.
- Any gain or benefit that is not in the form of money which is received by any household member will be considered income-in-kind and excluded.
- Representative payments paid to the household on behalf of another household which is unable to manage the payment.

Personal Loans

Personal loans in which a written repayment agreement dated prior to the date of application has been documented. Personal loans will be excluded as income to both the individual receiving the loan and the individual receiving the payment on a prior loan.

Earnings of Children

Earnings received by a child residing in the household who is documented as attending high school. Verbal documentation from the school will be accepted and must be recorded on the LIHEAP Case Notes (E1CN) screen. This will also apply to home schooled children.

Interest/Dividend Income

Interest income received from the following sources will be excluded:

- Annuities
- Certificate of Deposit (CD)
- Corporate/Municipal bonds
- Individual Retirement account (IRA)
- Keoghs and Deferred Compensation plans
- Savings/Checking accounts
- Series E, EE, H or I bonds

Dividends from stocks or mutual funds will also be excluded.

Lump Sum Payments

Lump sum payments will be excluded as income, but counted as a resource if deposited in the bank. These will include, but are not limited to the following:

- Birthday and Christmas gifts
- Capital Gains
- Infrequent bonuses
- Insurance settlements
- Sale of personal property
- Senior citizen's tax credits
- Tax refunds

Student Income

The following student income will be excluded:

- Cash gifts or awards
- Fellowships
- Grants

- Loans
- Scholarships
- Veteran's educational benefits
- Work study

Miscellaneous Exclusions

The following miscellaneous income will also be excluded:

- Payments or allowances made under any Federal, State or Local laws for the purpose of Energy Assistance. This will include HUD rent/utility subsidies. LIHEAP payments will not be considered as income or a resource in establishing a household's eligibility for any other programs operated by a Community Action Agency.
- Payments for relocation made to persons displaced by Federal or Federally-Assisted programs which acquire real property.
- Compensation provided to volunteers in the Foster Grandparents Program, VISTA or the AmeriCorp Program.
- Reimbursements for transportation and attendant care costs when received by an eligible handicapped individual employed in a project under Title VI of the Rehabilitation Act of 1973.
- Income received under Title V of the Older Americans Act; this includes Experience Works formerly known as Green Thumb income.
- Payments made to individuals because of their status as victims of Nazi persecution shall be disregarded in determining eligibility for Energy Assistance.
- Agent Orange settlement payments to veterans from Aetna Life and Casualty.

NOTE: Monthly VA benefits issued by the Department of Veteran's Affairs as a result of exposure to Agent Orange are considered income.

- Earned Income Tax Credits (EITC) received as a lump sum or as advance payments will be excluded.

CATEGORY B CASE INCOME EXCEPTIONS

Social Security/Supplemental Security (SSI) Or Railroad Retirement (RRB)

If the prior month's income documentation is not available, we can use the current year's benefit amount or the future year's benefit amount, provided the EA payment level is not affected.

Rental Income

Income from the rent of land and/or buildings that is not received on a monthly basis must be prorated to a monthly amount. If received annually, divide by 12; semi-annually, divide by 6; etc.

NOTE: Conservation Reserve Program (CRP) payments will be considered as rental income

Installment Income

Income from the installment sale of property including interest and principle that is not received on a monthly basis must be prorated to a monthly amount.

Any legal obligations against the property that are not paid on a monthly basis must be prorated to a monthly amount. If received annually, divide by 12; semi-annually, divide by 6; etc.

Self-Employment Income

A self-employed person is defined as an individual who has filed a current Federal Income Tax Return Form 1040 and is presently self-employed in the same profession.

Use last year's 1040 unless the household has filed for the current year. If the 1040 has not been filed, does not reflect a full year's income or the individual is no longer self-employed in the same profession; follow the Category B income determination procedures.

Partnership Income

Partnership income is identified on the Federal Income Tax Form 1040 and will be computed in the same manner as self-employment income.

If any rental income is included in the partnership income, the rental income will be computed separately using the Rental Income procedures previously described.

Excess Income/Crisis Situation

All of the following conditions must be met to exercise the excess income crisis situation exception:

- Income for the month prior to the month of application causes ineligibility.
- The household must be documented as being in a crisis situation; meaning their service is threatened or terminated.
- Household member no longer has any income. The particular individual must have zero income as of the approval date. It must be documented that the prior month's income has been terminated. Telephone documentation will be

acceptable and must be recorded on the LIHEAP Case Notes (E1CN) screen. Documentation will include the date of contact, name and title of person contacted and the date income was terminated. If this person has other sources of income, this exception will not apply.

When the above conditions are met, household income will be recomputed by excluding the income that has been terminated. Any income received from the terminated income in the current month must be documented and included. Telephone documentation will be acceptable and must be recorded on the LIHEAP Case Notes (E1CN) screen. If the household is income eligible based on the new computations, the application will be processed.

CATEGORY B CASE INCOME DEDUCTIONS

Earned Income Deduction Of 20%

This deduction applies to employment income including wages, vacation pay, regular bonuses, overtime, tips, sick leave, maternity leave, roomer/boarder and self-employment income. This deduction will figure automatically on the LIHEAP Worksheet (E1LW) screen when earned income is entered on the LIHEAP Member Income Detail (E1ID) screen.

Medical Deduction for Elderly/Disabled

This deduction is automatically given to households in which the applicant or spouse is elderly (age 65 or older) or disabled. These households will be entitled to a \$100 deduction for medical expenses. Only one \$100 deduction will be allowed, even if both applicant and spouse meet either or both criteria. This deduction is automatically included on the E1LW screen from information entered on the LIHEAP Registration (E1RG) and LIHEAP Member (E1MM) screens. The age is automatically determined by the system from birth date information. The disability status is entered on the E1MM screen. **NOTE:** If the disability status is not indicated on the E1MM screen for the applicant or spouse, this deduction will not appear on the E1LW income calculation information.

Child Support Payments

All child support payments paid by any household member to someone outside the household during the month prior to the month of application will be an allowable deduction. Child support payments must be documented in the case file in order to be allowed as a deduction. This deduction will be entered on the LIHEAP Member Income Detail (E1ID) screen for the specific applicant or member who is paying the child support.

Supplemental Medical Insurance (SMI) Premium

The SMI premium is an allowable deduction for all household members who are paying the premium. SMI is an additional health cost that is available to persons receiving


Social Security and Railroad Retirement Benefits. The client must be 65 or older or disabled and receiving Social Security/Railroad Retirement disability for two years. If the client receives Income Maintenance benefits (IM), the State of Missouri may be paying the SMI premium on behalf of the client. This is referred to as “buy-in” (B/I); therefore, no deduction would be allowed. See Accessing Income Maintenance Screen for SMI Deduction to determine if State of Missouri is paying this premium. If the benefit check, award letter or bank statements have been used to document Social Security, it is not necessary to explore the SMI premium as a deduction. **NOTE:** If using the LIHEAP SSA Benefits (E1SI) screen, the SMI deduction has already been deducted from the monthly benefit amount displayed. This deduction will be entered on the LIHEAP Member Income Detail (E1ID) screen for the specific applicant or member paying the premium.

Medicare Part D Prescription Drug Coverage

The Medicare Part D deduction is an allowable deduction for all household members who are paying the premium. If you are using the LIHEAP SSA Benefits (E1SI) screen, the Medicare Part D Prescription Drug Coverage Premium has already been deducted from the monthly benefit amount displayed on the screen. If you are not using the E1SI screen, the deductions will need to be taken from the monthly benefit amount. This deduction will be entered on the LIHEAP Member Income Detail (E1ID) screen for the specific applicant or member paying the premium.


ADD INCOME INFORMATION AND DEDUCTIONS FOR CATEGORY B CASES

To add income information including deductions you will need to first access the LIHEAP Income Summary (E1IS) screen from the E1LW screen.



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E1LW

LIHEAP Worksheet

Applicant
 SSN: DCN: 07756614 Agency: A17-SCMCAACounty: 111-WAYNE Last UserID: N/A
Applicant Name
 Last: BORENS First: JASPER MI: Verified: No
 Fiscal Year (FY):

Income Calculation ([Hide](#)) ([Show](#))

Application Date: 07-15-2008
 Gross Unearned Income: 0.00
 Gross Earned Income: 0.00
 Earned Income Adjustment: x.80
 Income Subtotal: 0.00
 Elderly / Disabled Deduction: 0.00
 Child Support Paid Deduction: 0.00
 SMI Deduction: 0.00
 Medicare Part 'D' Deduction: 0.00
 Total Net Income : 0.00

Category : B Resources: 152 CARS Amount: 0.00 EA Benefits: 0.00

Primary Supplier Information ([Hide](#)) ([Show](#))

Secondary Supplier Information ([Hide](#)) ([Show](#))

Renter Information ([Hide](#)) ([Show](#))

ECIP Benefits ([Hide](#)) ([Show](#))


Other Payment Amounts ([Hide](#)) ([Show](#))

Message: All Members Income Must Be Verified To Process Case; Click On The E1IS(Income Summary) Button.

E1RG E1MM E1AP E1LW E1NA E1AC E1ES E1NS E1PN E1PY E1SD E1SI E1SN E1ST E1CO E1CA E1IR
S024 SCLR


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ACCESSING LIHEAP INCOME SUMMARY (E1IS) SCREEN:

1. From E1LW, click on the E1IS (Income Summary) button.
2. You will flow to the LIHEAP Income Summary (E1IS) screen and the message, "Successfully Displayed; Click On Details Button To Verify on E1ID Screen" will display.

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E1IS

LIHEAP Income Summary

Applicant
SSN: [REDACTED] DCN: 07756614 Agency: A17-SCMCAA County: 111-WAYNE
Applicant Name
Last: BORENS First: JASPER MI: Fiscal Year: 09

Member(s)			Income		Deductions		Medicare		Verified
SSN	DCN	FSEU Case	Gross Unearned	Gross Earned	SMI	Child Support	Part D		
Details	07756614		BORENS JASPER	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	N
Totals:				\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	

Message: Successfully Displayed; Click On Details Button To Verify On E1ID Screen.

[E1LW\(Return to Worksheet\)](#) [Print](#)

[E1LW\(New Worksheet\)](#)

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The Income Summary (E1IS) screen will display unearned income, earned income and child support deductions for each member.

For Category B cases there will be no FSEU Case. When you first access the E1IS screen, the income and deduction fields will be \$0.00 and verify will display, "N". You will need to access each person's LIHEAP Member Income Detail (E1ID) screen to enter income and deduction information and then verify the E1ID for each member.

ACCESSING LIHEAP MEMBER INCOME DETAILS (E1ID) SCREEN:

1. From E1IS screen, click on the DETAILS button immediately preceding the SSN of an applicant or member.
2. You will flow to the LIHEAP Member Income Details (E1ID) screen and the message, "Enter Income and Deductions for Given Member and SAVE/Verify. If None, SAVE/Verify." will display.

NOTE: Each person in a Category B household must have their E1ID screen entered and verified, even if the person is claiming zero income. The system will alert you with a pop-up message indicating the requirement for a LIHEAP Employment Security (E1ES) screen print for anyone 18 or over claiming zero income.

All income amounts should be rounded down.

ENTERING MEMBER INCOME AND DEDUCTIONS ON LIHEAP MEMBER INCOME DETAIL (E1ID) SCREEN:

1. If the member has no income, leave the MEMBER HAS NO INCOME field checked. Type "YES" in VERIFIED field and click on SAVE button.
2. If the member has gross unearned income, select the source and frequency and type in the dollar amount. The system will round the income for the benefit calculations.
3. If the member has gross earned income, select the source and frequency and type in the dollar amount. The system will round the income amount for the benefit calculations.
4. For self-employment income from tax form 1040, type the yearly amount in the SELF-EMPLOYMENT INCOME field.
5. For child support deductions, select the frequency and type the amount in the DOLLAR AMOUNT.
6. Type the SMI amount in the SMI MONTHLY field.
7. Type the Medicare Part D amount in the MEDICARE PART D MONTHLY AMOUNT.
8. Type "YES" in VERIFIED field.
9. Click on SAVE button. The message, "Income Details Verified And Record Updated" will display and the VERIFIED field at the top of the screen will display "YES".

You will complete this process for each member on a Category B case.

Once the information is verified and updated on the E1ID screen, the E1IS screen will display the income and deduction totals for the household.

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E1IS

LIHEAP Income Summary

Applicant SSN: [REDACTED] DCN: 07756614 Agency: A17-SCMCAA County: 111-WAYNE
 Applicant Name Last: BORENS First: JASPER MI: Fiscal Year: 09

Member(s)			Income		Deductions		Medicare		
SSN	DCN	FSEU Case	Name(Last, First MI)	Gross Unearned	Gross Earned	SMI	Child Support	Part D	Verified
Details	07756614		BORENS JASPER	\$ 0.00	\$ 2000.00	\$ 0.00	\$ 0.00	\$ 0.00	Y
Totals:				\$ 0.00	\$ 2000.00	\$ 0.00	\$ 0.00	\$ 0.00	

Message: **Successfully Displayed.**

[E1LW\(Return to Worksheet\)](#) [Print](#)

[E1LW\(New Worksheet\)](#)

User ID: (FEATR1) Program: (FEAU102 version=001) Sunday, August 10, 2008 4:35:47 PM

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RETURNING TO THE E1IS SCREEN:

1. Click on the E1IS (Return to Summary) button at the bottom of the E1ID screen to return to the E1IS screen.
2. The message, "Successfully Displayed" will display.

From the E1IS screen, you can then return to the LIHEAP Worksheet (E1LW) screen.

RETURNING TO THE E1LW SCREEN:

1. Click on the E1LW (Return to Worksheet) button at the bottom of the E1IS screen.
2. The message for eligible cases will display, "Applicant Eligible For Processing. If Ready To Process Case, Enter YES In The Verify Box and Click On The SAVE Button."
3. The message for ineligible cases will display, "Case Will Be Denied; Excess Income. All Member(s) Income Has Been Verified; Click On The FAMIS Button For Further Process." **NOTE:** Household circumstances could have changed and the household could now be receiving food stamps. For this reason, the system will require the user to click on the FAMIS button.

You will need to review the E1LW screen. If it is accurate, verify and save this information.

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E1LW

LIHEAP Worksheet

Applicant SSN: 586926876 DCN: 60078940 Agency: A03-DAEOC County: 078-PEMISCOT Last UserID: FEAR001

Last: LEWIS First: OLIVER Applicant Name MI: E Verified: Yes

Fiscal Year (FY): 09

Income Calculation (Hide) (Show)

Application Date:	08-03-2008
Gross Unearned Income:	600.00
Gross Earned Income:	0.00
Earned Income Adjustment x.80	
Income Subtotal:	600.00
Elderly / Disabled Deduction:	100.00
Child Support Paid Deduction:	0.00
SMI Deduction:	0.00
Medicare Part D Deduction:	0.00
Total Net Income:	500.00

Category: B Resources: 0

E1S(Income Summary)

CARS Amount: 0.00 EA Benefits: 268.00

Primary Supplier Information (Hide) (Show)

Secondary Supplier Information (Hide) (Show)

Renter Information (Hide) (Show)

ECIP Benefits (Hide) (Show)

Other Payment Amounts (Hide) (Show)

Verify: ☐ (Enter "YES" to Confirm)

Message: Worksheet Has Been Verified

[E1RG](#) [E1MM](#) [E1AP](#) [E1LW](#) [E1NA](#) [E1ES](#) [E1NS](#) [E1PY](#) [E1SD](#) [E1SI](#) [E1SU](#) [E1ST](#) [E1CO](#) [E1CA](#) [E1R](#)

[S02A](#) [SCLR](#) [EHST](#)

User ID (FEAR001)

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VERIFYING LIHEAP WORKSHEET (E1LW) SCREEN:

1. Type "Yes" in the VERIFY field and click on the SAVE button.
2. Screen will display with message, "Worksheet Has Been Verified."

CATEGORY C CASE

Category C cases are cases in which some, but not all of the members of the household are included in a FSEU. With Category C cases those members who are included in a FSEU will have their income information populate from FAMIS. For the members not included in a FSEU all the income determinations, exclusions, exceptions and deductions will be the same as a Category B case member. For the members not included, you will be entering their income and deduction information using the following screens: LIHEAP Worksheet (E1LW); LIHEAP Income Summary (E1IS); and LIHEAP Income Member Detail (E1ID).

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E1LW

LIHEAP Worksheet

Applicant
SSN: 145236987 DCN: 63500015 Agency: A11-MVCAA County: 080-PETTIS Last UserID: RONIDWM

Applicant Name
Last: WILSON First: FREDA MI: Verified: No
Fiscal Year (FY): 09

Income Calculation ([Hide](#)) ([Show](#))

Application Date: 07-10-2008
Gross Unearned Income: 200.00
Gross Earned Income: 0.00
Earned Income Adjustment: x.80
Income Subtotal: 200.00
Elderly / Disabled Deduction: 0.00
Child Support Paid Deduction: 0.00
SMI Deduction: 0.00
Medicare Part 'D' Deduction: 0.00
Total Net Income : 200.00 [E1IS\(Income Summary\)](#)

Category : C Resources: 20 CARS Amount: 0.00 EA Benefits: 0.00

Primary Supplier Information ([Hide](#)) ([Show](#))

Secondary Supplier Information ([Hide](#)) ([Show](#))

Renter Information ([Hide](#)) ([Show](#))

ECIP Benefits ([Hide](#)) ([Show](#))

Other Payment Amounts ([Hide](#)) ([Show](#))

Message: All Members Income Must Be Verified To Process Case; Click On The E1IS(Income Summary) Button.

[Inquiry](#) [Famis](#) [Print](#)

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[E1RG](#) [E1MM](#) [E1AP](#) [E1LW](#) [E1NA](#) [E1AC](#) [E1ES](#) [E1NS](#) [E1PY](#) [E1SI](#) [E1SN](#)
[E1RG](#) [E1MM](#) [E1AP](#) [E1LW](#) [E1NA](#) [E1AC](#) [E1ES](#) [E1NS](#) [E1PN](#) [E1PY](#) [E1SD](#) [E1SI](#) [E1SN](#) [E1ST](#) [E1CO](#) [E1CA](#) [E1IR](#)
[S024](#) [SCLR](#)

User ID: (FEATRIN1) Program: (FEAU101 version=001) Sunday, August 10, 2008 5:00:59 PM

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ACCESSING THE LIHEAP WORKSHEET (E1LW) SCREEN:

1. Click on the E1LW button.
2. The LIHEAP Worksheet (E1LW) screen will display with the message, "All Members Income Must Be Verified To Process Case; Click On The E1IS (Income Summary) Button."

Category C cases will require that you update the LIHEAP Member Income Detail (E1ID) screen for all members not included on a FSEU. To complete this update you must first access the LIHEAP Income Summary (E1IS) screen.



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E1IS

LIHEAP Income Summary

Applicant
 SSN: 145-23-6987 DCN: 63500015 Agency: A11-MVCAA County: 080-PETTIS
Applicant Name
 Last: WILSON First: FRED A MI: Fiscal Year: 09

Member(s)				Income		Deductions			
	SSN	DCN	FSEU Case	Name (Last, First MI)	Gross Unearned	Gross Earned	SMI	Child Support	Medicare Part D Verified
Details	145-23-6987	63500015	FS00635000	WILSON FRED A	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00 Y
Details	080-X0-0002			WILSON OTIS	\$ 200.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00 N
Totals:					\$ 200.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Message: Successfully Displayed; Click On Details Button To Verify On E1ID Screen.

[E1LW\(New Worksheet\)](#)

User ID: FEATR11)
Program:FEAU102 version=001) Sunday, August 10, 2008 5:24:33 PM

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ACCESSING LIHEAP INCOME SUMMARY (E1IS) SCREEN:

1. From E1LW, click on the E1IS (Income Summary) button.
2. You will flow to the LIHEAP Income Summary (E1IS) screen and the message "Successfully Displayed; Click On Details Button To Verify on E1ID Screen" will display.

NOTE: On Category C cases you will see the FSEU Case for members included in a food stamp household with income and deduction amounts indicating verified. This will indicate "N" for no on any member who does not have a food stamp case. For this member the LIHEAP Member Income Detail screen will need to be verified and saved.

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E1ID

LIHEAP - Member Income Detail

Applicant
SSN: 145-23-6987 DCN: 63500015 Agency: A11-MVCAA County: 080-PETTIS Last UserId: RONIDWM

Member Information
Last: WILSON First: FRED MI: Fiscal Year: 09 Verified: No

SSN: 080-X0-0002 DCN: Last: WILSON First: OTIS MI:

Member has no Income: ☐

INCOME

Gross Unearned:
Source: Frequency: Amount(s):

Total Unearned Income: \$ 200.00

Gross Earned:
Source: Frequency: Amount(s):

Total Earned Income: \$ 0.00

Self Employment Income: /12 = 0.00 (Tax form 1040) Total Unearned, Earned & Self-Employment Income: \$ 200.00

DEDUCTIONS

Child Support
Frequency: Amount(s):

Total Child Support Deductions: \$ 0.00

SMI Monthly Amount: Total SMI: \$ 0.00

Medicare Part D Monthly Amount: Total Part D: \$ 0.00

Total Deductions: \$ 0.00

Verify: (Enter "YES" to Confirm)

Message: Successfully Displayed

User ID (FEATR1) Program(FEAU103 version=001) Sunday, August 10, 2008 5:31:03 PM

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ACCESSING LIHEAP MEMBER INCOME DETAILS (E1ID) SCREEN:

1. From E1IS, click on the DETAILS button immediately preceding the SSN of an applicant or member.
2. You will flow to the LIHEAP Member Income Details (E1ID) screen and the message "Enter Income and Deductions for Given Member and SAVE/Verify. If None, SAVE/Verify." will display.

NOTE: Each person in a Category C household not in a FSEU must have their E1ID screen entered and verified, even if the person is claiming zero income. The system will

alert you with a pop-up message indicating the requirement for a LIHEAP Employment Security (E1ES) screen print for anyone 18 or over claiming zero income.

All income amounts should be rounded down.

ENTERING MEMBER INCOME AND DEDUCTIONS ON LIHEAP MEMBER INCOME DETAIL (E1ID) SCREEN:

1. If the member has no income, leave the MEMBER HAS NO INCOME field checked. Type "YES" in VERIFIED field and click on SAVE button.
2. If the member has gross unearned income, select the source and frequency and type in the dollar amount. The system will round the income amount for the benefit calculations.
3. If the member has gross earned income, select the source and frequency and type in the dollar amount. The system will round the income amount for the benefit calculations.
4. For self employment income from tax form 1040, type the yearly amount in the SELF-EMPLOYMENT INCOME field.
5. For child support deductions select the frequency and type the amount in the DOLLAR AMOUNT.
6. Type the SMI amount in the SMI MONTHLY field.
7. Type the Medicare Part D amount in the MEDICARE PART D MONTHLY AMOUNT.
8. Type "YES" in VERIFIED field.
9. Click on SAVE button. The message, "Income Details Verified And Record Updated" will display and the VERIFIED field at the top of the screen will display "YES".

You will complete this process for each member on a Category C case that is not included on a FSEU.

Once the information is verified and updated on the E1ID screen, the E1IS screen will display the income and deduction totals for the household.

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E1IS

LIHEAP Income Summary

Applicant
SSN: 145-23-6987 DCN: 63500015 Agency: A11-MVCAA County: 080-PETTIS

Applicant Name
Last: WILSON First: FRED A MI: Fiscal Year: 09

Member(s)	SSN	DCN	FSEU Case	Name(Last, First MI)	Income		Deductions		Medicare Part D	Verified
					Gross Unearned	Gross Earned	SMI	Child Support		
Details	145-23-6987	63500015	FS00635000	WILSON FRED A	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	Y
Details	080-X0-0002			WILSON OTIS	\$ 200.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	Y
Totals:					\$ 200.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	

Message: Successfully Displayed.

[E1LW\(Return to Worksheet\)](#) [Print](#)

[E1LW\(New Worksheet\)](#)

User ID: FEATRN1 Program:FEAU102 version=001 Sunday, August 10, 2008 5:38:00 PM

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RETURNING TO THE E1IS SCREEN:

1. Click on the E1IS (Return to Summary) button at the bottom of the E1ID screen to return to the E1IS screen.
2. The message, "Successfully Displayed" will display.

From the E1IS screen you can then return to the LIHEAP Worksheet (E1LW) screen.

RETURNING TO THE E1LW SCREEN:

1. Click on the E1LW (Return to Worksheet) button at the bottom of the E1IS screen.
2. The message for eligible cases will display, "Applicant Eligible For Processing. All Member(s) Income Has Been Verified; Click On The FAMIS Button For Further Process."
3. The message for ineligible cases will display, "Case Will Be Denied; Excess Income. Determine If Criteria Met For FS Adjustment. All Member(s) Income Has Been Verified; Click On The FAMIS Button For Further Process."

You will need to review the E1LW screen. If it is accurate, verify and save this information.

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E1LW

LIHEAP Worksheet

Applicant: SSN: 625341733 DCN: 60078683 Agency: A18-USCAA County: 048-JACKSON Last UserID: FEAR001

Last: WHITE First: SARA MI: J Verified: Yes

Fiscal Year (FY): 09

Income Calculation (Hide) (Show)

Application Date:	08-03-2008
Gross Unearned Income:	0.00
Gross Earned Income:	700.00
Earned Income Adjustment: x.80	
Income Subtotal:	560.00
Elderly / Disabled Deduction:	0.00
Child Support Paid Deduction:	0.00
SMI Deduction:	0.00
Medicare Part D Deduction:	0.00
Total Net Income:	560.00

Category: C Resources: 0

E1S(Income Summary)

CARS Amount: 0.00 EA Benefits: 245.00

Primary Supplier Information (Hide) (Show)

Secondary Supplier Information (Hide) (Show)

Renter Information (Hide) (Show)

ECIP Benefits (Hide) (Show)

Other Payment Amounts (Hide) (Show)

Verify: ☐ (Enter "YES" to Confirm)

Message: Worksheet Has Been Verified

E1RG E1MM E1AP E1LW E1NA E1AC E1ES E1NS E1PN E1PY E1SD E1SI E1SN E1ST E1CO E1CA E1R

S2A S2LB

E1ST

User ID: FEAR001

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VERIFYING LIHEAP WORKSHEET (E1LW) SCREEN:

1. Click on FAMIS button. The message, "Applicant Eligible For Processing. If Ready To Process Case, Enter "YES" In The Verify Box and Click On The SAVE Button." will display.
2. Type "Yes" in the VERIFY field and click on the SAVE button.
3. Screen will display with message, "Worksheet Has Been Verified."

CHANGES

Changes can be made to the case and worksheet until Friday of each week when the case is sent for either direct payment or generates a Customer Eligibility Listing (CEL) to the supplier. If updates are made on E1MM or E1AP, they will need to be verified again

before accessing the E1LW screen for verification. **NOTE:** FAMIS will be accessed again for updated information during this process.

Each Friday the payroll process batch will run which will lock the case and will not allow any updates to be made until a direct payment is processed or a supplier response is received. After this, you can make changes to the corresponding screens on the following data:

County number on E1RG
Assign SSN to pseudo SSN on E1RG and E1MM
Address and phone number on E1AP
Secondary Supplier Information on E1LW
ECIP and other payment amounts on E1LW

Changes involving income, deductions, monthly rent amount, fuel type, adding or removing members and changing primary supplier will be submitted to FSD staff to process. You will need to include documentation to indicate the reason this data is being changed.

LIHEAP ELIGIBLE

When the application has been determined eligible, the status on E1RG will display "ELIGIBLE" and include the BENEFIT AMOUNT. The SUPPLIER NAME and SUPPLIER NUMBER will also display. The SUPPLIER NOTIFIED DATE will populate when the Customer Eligibility Listing (CEL) is sent to the supplier after the Friday payroll processing.

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E1RG

LIHEAP Registration

Applicant
 SSN: DCN: 63500015 Agency: A11 - MVCAA County: - PETTIS Last UserID: RONIDWM
 Last: WILSON First: FRED A MI: Date of Birth: 01-15-1968 Gender: F Verified: YES
 Fiscal Year (FY): Registration Date: 07-14-2008

Applicant Information
 STATUS: ELIGIBLE Benefit Amount: \$277.00

Primary Supplier Information
 Supplier Name: AMEREN UE Supplier Number: 150054000
 Supplier Notified Date: Supplier Response:
 Process Date:
 Message: SSN On File - Enter Changes If Necessary.
 Verify: (Enter YES to Confirm)

User ID: (FEATRIN1) Program: (FEAU128 version=001) Sunday, August 10, 2008 6:00:12 PM

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The system will automatically generate an Energy Assistance Notification (EA-6) to the applicant advising they are eligible to receive an EA benefit.

LIHEAP INELIGIBLE

When it is determined that an applicant is not LIHEAP eligible, the application will not be processed for payment. The status on E1RG will display "INELIGIBLE" and will not include the BENEFIT AMOUNT.

If an applicant requests to withdraw their application, we should attempt to secure a written, signed statement of the request and determine the application is ineligible. If a written statement cannot be secured, enter the ineligibility on the 30th day.

If an applicant dies while the application is in pending status, the application will be ineligible if a one person household is involved. If a multiple person household is involved and there is a spouse or other adult (18 or older) member who can assume responsibility as the applicant, have this person initial and date the change on the application form and proceed with processing the application.

Energy Assistance (EA) Ineligibility Notification

The appropriate ineligibility code reason will be updated on the LIHEAP Application (E1AP) screen. The system will automatically generate an Energy Assistance Notification (EA-6) to the applicant advising of the EA denial and of their hearing rights.

If a duplicate application is involved, a local letter must be sent to the applicant since once an individual has been approved for EA, they cannot be approved again within the same program year. The system does not allow entry of the duplicate application. A sample of an Energy Assistance Notice of Denial letter can be found in the Forms Section of this manual.

Energy Crisis Intervention Program (ECIP) Ineligibility Notification

CAA's must notify in writing all applicants who are denied ECIP assistance and advise them of their rights to a fair hearing.

FAIR HEARINGS

All LIHEAP applicants are entitled to request a hearing regarding the decision made on their case. Energy Assistance (EA) applicants will be notified of their hearing rights by an Energy Assistance Notification (EA-6). Energy Crisis Intervention Program (ECIP) applicants will be notified of their hearing rights in writing on their approval/denial letter from the Community Action Agency (CAA).

- Hearings must be requested by applicants within thirty (30) days from the date of the EA-6 or the letter from the CAA.
- Hearing requests can only be denied by the Hearing Officer from the Family Support Division (FSD).
- Hearings can be requested by the household or its authorized representative, friend, relative or legal representative.

Hearing Process

When a hearing request is received, you will assist the household in completing the Application for State Hearing (IM-87) form. You will make three copies of the completed form. If the hearing request is made by phone, the agency will complete the IM-87 and on the signature line record, "Request made by phone".

The CAA will submit the following information to the county Family Support Division (FSD) office within one day of the hearing request:

- Three (3) copies of the IM-87

- A summary of the pertinent facts signed by the agency supervisor. The summary must include the date of application, date of approval/denial, reason, if denied and any evidence that will be presented at the hearing
- Copies of the application, income verification, LIHEAP Application (E1AP) screen, LIHEAP Worksheet (E1LW) screen, LIHEAP Income Summary (E1IS) screen and the LIHEAP Member Income Detail (E1ID) screen
- Indicate if there are dates the agency will not be available for a hearing

The local FSD office will forward the appropriate information to the Division of Legal Services (DLS) Hearings Unit. This unit will schedule a hearing and notify all parties by letter of the hearing date and time. The hearing will be a telephone hearing unless the claimant refuses a telephone hearing. If the claimant refuses the telephone hearing, an in-person hearing will be conducted after submission of a Notice of State Hearing (HU-11).

A representative from the CAA that has first hand knowledge about the application, processing, and decision being heard should attend the hearing. If it is not possible for the representative to attend the hearing, it is recommended the LIHEAP Program Director attend in his/her place.

The final decision upon completion of the hearing rests with the FSD Director. The CAA must follow the recommendation indicated in the decision. A copy of the hearing decision will be placed in the applicants' LIHEAP file.

CLAIMS AND RESTITUTION

When you identify a household has received LIHEAP benefits in excess of the amount they were entitled to receive, you will need to file a claim against the household to recover the overpayment.


NOTE: If the household has received an overpayment that is sixty-five dollars (\$65.00) or less, a claim will not be filed.

Energy Assistance (EA) claims will be recouped by the worker completing an Energy Assistance Claims and Restitution (EA-8) form. A copy will be maintained in the case file with the original submitted to the FSD office, attention LIHEAP.

Energy Crisis Intervention Program (ECIP) claims will be recouped by the worker following the procedures instituted by the agency when a household has received benefits it was not entitled to receive.


The EA component of LIHEAP will interface with the Claims and Restitution System (CARS). When an EA case is approved, it will check the CARS data base to determine if there is an outstanding EA claim against the applicant's or spouse's Social Security Number entered on E1RG/E1MM. This CARS amount will display on the LIHEAP Worksheet (E1LW) screen.

E1LW



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LIHEAP Worksheet

Applicant
 SSN: DCN: 00074352 Agency: A10-MOCA County: 015-CAMDEN Last UserID: RONIDWM
 Last: STUMPH First: MARY MI: A Verified: Yes
 Fiscal Year (FY):

Income Calculation [\(Hide\)](#) [\(Show\)](#)

Application Date:	07-31-2008
Gross Unearned Income:	0.00
Gross Earned Income:	0.00
Earned Income Adjustment:	x.80
Income Subtotal:	0.00
Elderly / Disabled Deduction:	0.00
Child Support Paid Deduction:	0.00
SMI Deduction:	0.00
Medicare Part 'D' Deduction:	0.00
Total Net Income :	0.00

Category : B Resources: 0 CARS Amount: 215.00 EA Benefits: 62.00

Primary Supplier Information [\(Hide\)](#) [\(Show\)](#)

Secondary Supplier Information [\(Hide\)](#) [\(Show\)](#)

Renter Information [\(Hide\)](#) [\(Show\)](#)

ECIP Benefits [\(Hide\)](#) [\(Show\)](#)

Other Payment Amounts [\(Hide\)](#) [\(Show\)](#)

Message: Case Locked-No Update Allowed

[E1RG](#) [E1MM](#) [E1AP](#) [E1LW](#) [E1NA](#) [E1AC](#) [E1ES](#) [E1NS](#) [E1PY](#) [E1SI](#) [E1SN](#)
[E1RG](#) [E1MM](#) [E1AP](#) [E1LW](#) [E1NA](#) [E1AC](#) [E1ES](#) [E1NS](#) [E1PN](#) [E1PY](#) [E1SD](#) [E1SI](#) [E1SN](#) [E1ST](#) [E1CO](#) [E1CA](#) [E1IR](#)
[S024](#) [SCLR](#)

User ID:(JONEKOZ)


Program(FAU101 version=001) Sunday, August 10, 2008 6:28:30 PM

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The E1LW screen will display the EA benefit adjusted for CARS. If the CARS amount is greater than the EA benefit, the EA BENEFIT field will display \$0.00 and no direct payment will be generated or Customer Eligibility Listing (CEL) will be sent to the supplier. If the CARS amount is less than the EA benefit, the difference will be sent as a direct payment and the CEL will be sent to the supplier indicating the difference between the EA benefit and CARS amount.

Users can also access the Claims Summary (OVCS) screen through the S024 screen to determine if there is a CARS claim. **NOTE:** The OVCS screen will display claim amount for all IM programs including food stamps. You will need to review the screen to determine the amount for the EA claim. Other program claims will not be offset to the EA

benefit amount. You will need to access the S024 SSN Search for DCN screen by selecting the S024 link at the bottom of the EA Systems screens.

The screenshot displays the Missouri Department of Social Services website. At the top, there is a header with the department's logo, the text "Your Potential. Our Support.", and a photo of a diverse group of people. Below the header is a navigation bar with links: Home, Children, Family, Health Care, Youth, and Local Offices. The main content area features a "Social Security Number Search" form with a label "SSN:" and a text input field. Below the input field is a red instruction: "Please enter the nine digit Social Security Number". There are two buttons: "Search" and "Client Search(SCLR)". Below the form, there is a note: "Click on the [button icon] button before the DCN for 'Participation Search(SPAR)'". A list of links follows: Client Search(SCLR), DCN Search(S010), SSN Search(S024), SSN Search(SSSN), Participation Search(SPAR), Name Search(SNMF), Client Race/Ethnicity/Language Inquiry(S030), Update Client Information(SUPD), and LIHEAP Registration(E1RG). At the bottom of the page, there is a footer with a navigation bar containing links: DSS Home, Divisions, Contact DSS, Hotlines, and Toll Free. Below this is the Missouri Department of Social Services address: 221 West High Street • P.O. Box 1527 • Jefferson City, MO 65102-1527. There are also links for Disclaimer, Privacy Policy, and Nondiscrimination Policy. The footer also includes a "Missouri Home Page" link and a timestamp: (DCN10244) Thursday, August 21, 2008 1:33:27 PM.

SEARCHING FOR CLAIMS AND RESTITUTION INFORMATION:

1. Type the person's Social Security Number on the S024 screen.
2. Click on SEARCH.

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Department Client Number(DCN)

Social Security Number Search

SSN:

Information returned for SSN: 492723810

DCN	NAME	R/S	DOB	SSN	VER
<input type="checkbox"/> 22976958	ROBERTS ASHLEE DAWN	1F	03/13/1972	*** ** *	V

S008: END OF DATA.

|

Click on the ☐ button before the DCN for "Participation Search(SPAR)"

[Client Search\(SCLR\)](#) •
 [DCN Search\(S019\)](#) •
 [SSN Search\(S024\)](#) •
 [SSN Search\(SSSN\)](#)
[Participation Search\(SPAR\)](#) •
 [Name Search\(SNMF\)](#) •
 [Client Race/Ethnicity/Language Inquiry\(S030\)](#)
[Update Client Information\(SUPD\)](#)
[Energy Assistance\(EREG\)](#)

(DCN1024A) Thursday, August 30, 2007 9:17:17 AM

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ACCESSING PARTICIPATING SEARCH:

1. The screen will display, "INFORMATION RETURNED FOR SSN".
2. Click on the "P" in the small box to the left of the DCN.
3. The Participation Search screen will display.

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Department Client Number(DCN)

Participation Search

Please enter the eight digit Department Client Number.

DCN:

The requested DCN **22976958** is associated with **ROBERTS ASHLEE DAWN**.

You may click the following button(s) to transfer to their page.

They also participate in:

- Food Stamps(Old) - Child Support Enforcement - SS - EA - Buyin - Hands - MMIS - MOHSAIC - EBT - FAMIS-MED

Enter a new DCN or click a system participation button.


[Client Search\(SCLR\)](#) •
 [DCN Search\(S019\)](#) •
 [SSN Search\(S024\)](#) •
 [SSN Search\(SSSN\)](#)
[Participation Search\(SPAR\)](#) •
 [Name Search\(SNME\)](#) •
 [Client Race/Ethnicity/Language Inquiry\(S030\)](#)
[Update Client Information\(SUPD\)](#)
[Energy Assistance\(EREG\)](#)

(DCN1056A) Thursday, August 30, 2007 9:20:34 AM

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CLAIMS AND RESTITUTION SEARCH:

1. Click on the CLAIMS AND RESTITUTION button.
2. The Claims Summary (OVCS) screen will display.

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Claims and Restitution

Claim Summary

TRANSACTION	OVCS	KEY	22976958	DATE	08/30/07
DEBTOR NAME		ROBERTS ASHLEE DAWN		TOP	
ADDRESS		410 TREADWAY		WIU CASE NUMBER	
ST. CHARLES		MO		LAST BILL	
		DEBTOR BALANCE		33.00	
		64635		COUNTY 059	

S	P	DATE	FROM	TO	MED	WIU	AGREEMENT	#LTR	S	O
PGM	V	ESTAB	DATE	DATE	CA	FS	ACT	MET	AMT	DATE
CC	51I	04/02/07	11/06	03/07	31	00	06	33	07/07	33.00

MESSAGE: INQUIRY COMPLETE

SUBMIT

Claim Information Debtor Payments Debtor Information Last Bill Note Inquiry Change Debtor Info

Participation Search

UserID: (JONEKOZ) (FCL1916A) Thursday, August 30, 2007 9:25:42 AM

Energy Assistance

DSS Home Divisions Contact DSS

NOTE: The PGM 51I denotes this is an Energy Assistance claim. If this was displaying a different PGM code, it would not be deducted from the current year's eligibility amount.

NOTE: The case file must be retained until the claim is settled.

CASE FILE TRANSFERS

When it becomes known that a household has moved or resides in another Community Action Agency (CAA) service area, the CAA will initiate procedures to transfer the complete case file to the Community Action Agency that services that area.

Register the application using the county code number (Appendix C) for the county in which the applicant resides.

Once the application has been registered and processed, and you have changed the county code number/address on the E1RG screen to the new county of residence, mail the complete case file first class to the new CAA in which the client resides.

SUMMARY

After documenting a household's income/resources and a determination is made as to the household being a Category A, Category B, or Category C case, the LIHEAP EA System will determine if the applicant is eligible for LIHEAP.

The system will then produce the Energy Assistance Notification (EA-6) form. For ineligible households, this form will indicate the reason they are not eligible and that they can reapply for service and or request a hearing. For ECIP cases, you will need to generate a letter and include this information. For eligible households, the next step in the process is issuing a payment which is included in the next section of the manual.

PAYMENT

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PAYMENT

INTRODUCTION

Low-Income Home Energy Assistance Program (LIHEAP) Energy Assistance (EA) payments will be made to either a participating home energy supplier or directly to the household in a one time lump sum payment. Home energy supplier shall be defined as a public or private business engaged in the retail sale of home heating fuel and includes the following:

- Public or private investor owned utilities
- Municipally owned utilities
- Rural electric cooperatives
- Privately owned distributorships

Participating home energy suppliers sign a yearly contract with the State of Missouri and are identified on the Participating Home Energy Supplier Master List (FEARR500-01) which is made available to all Community Action Agency (CAA) staff at the start of each program year.

Energy Crisis Intervention Program (ECIP) payments are made only to suppliers who have contracted with a CAA to resolve the crisis situation. The maximum benefit amounts for ECIP are \$800 for the winter component and \$300 for the summer component.

The CAA contracts or written agreements with home energy suppliers, who do not have a current LIHEAP agreement with the Family Support Division (FSD), will stipulate the following minimum conditions for receipt of ECIP funds:

- The supplier will not discriminate against ECIP customers with regard to:
 - The price they are charged for fuel in comparison to other customers of the supplier;
 - The conditions for delivery of fuel, provided the CAA has made a commitment to pay for the delivery; and
 - The assessment of late payment charges for the time period after the CAA has made a commitment and the payment is made to the energy supplier, provided the time period does not exceed 20 calendar days.
- The supplier will only charge the ECIP customer the difference between the cost of home energy they purchase and the amount of payment made by the CAA and/or FSD.

- The supplier will credit payments made by the CAA to an ECIP household's account within 5 working days after the payment is received.
- Suppliers subject to regulation by the Missouri Public Service Commission will comply with all rules, regulations, policies and procedures issued by this entity that relate to the provision of home energy services to their low-income customers.
- Suppliers will not apply ECIP funds to deposit fees or any other charges not incurred as the direct result of home energy consumed by the eligible ECIP customer. This includes tank (pressure) tests, reconnect fees, deposits and tank pick-up/removal.

PAYMENT DETERMINATION

EA Payment Determination

EA payments are determined by household size, income and home energy heat source. In renter situations, the annual rent amount is also used to determine the payment level.

To determine the EA payment amount, you can reference the Income Ranges and Benefit Amounts found in Appendix E. You can also access this information in the EA System by clicking on the LIHEAP Income Ranges and Benefit Amounts (E1IR) screen link. This table identifies the income ranges based on household size and the payment amount for each home energy heat source.

Renter Household Payment

If a household meets the definition of a renter household, it will receive a one time direct cash payment equal to 8% of their annual rent not to exceed the maximum EA benefit payment for their particular home energy heat source and household size which is displayed on the Income Ranges and Benefit Amounts (E1IR) screen or in Appendix E.

The estimated rental energy expense will display on the LIHEAP Worksheet (E1LW) screen if the LIHEAP Member (E1MM) screen indicated it was a renter household and the LIHEAP Application (E1AP) screen has the monthly rent amount completed. This expense is calculated by the system multiplying the amount of the regular monthly rental charge by 12. The annual rent amount is then multiplied by 8% to determine the estimated rental energy expense. If this estimated expense is less than the EA Benefit amount, this is the amount that will be paid. If, however, this estimated expense is greater than the EA Benefit amount, the EA Benefit amount will be paid.

NOTE: Renter applicants are eligible to receive EA benefits; however, they are not eligible to receive ECIP benefits.

To determine if a household meets the definition of a renter household, reference LANDLORD/RENTER APPLICANTS in the Application section of the manual.

ECIP Payment Determination

ECIP payment determination is based on the amount it will take to get the household out of crisis. **NOTE:** This does not include reconnect fees, deposits, tank (pressure) tests, off-route delivery fees or tank pick-up/removal fees.

Winter EA and ECIP

Once it is determined that all eligibility factors have been met, the following procedures will apply in negotiating payment for continuation of service or service restoration.

NOTE: Pledges must not be made until eligibility has been determined.

NOTE: Prior to negotiating with the supplier it must be determined if there is an active EA claim for restitution. This information displays on the LIHEAP Worksheet (E1LW) screen Claims and Restitution (CARS) field, the Claims Summary (OVCS) screen as well as on the Claims and Restitution Energy Assistance Claims Report (FCLX-9996). If there is an active EA claim for restitution against the applicant or spouse, the amount owed the state will be deducted from any benefit amount to be received. No EA benefit will be paid if the CARS amount exceeds the EA benefit. If the household is eligible for ECIP, these funds should be negotiated with the supplier using the CARS information from the LIHEAP Worksheet (E1LW) screen. The CAA should inform the supplier of the correct EA payment amount in order to properly negotiate any payments.

Participating Home Energy Supplier

You may have to negotiate with the primary heat source supplier using both EA and ECIP funds in addition to negotiating with a secondary supplier using ECIP funds if that source is also in crisis. The \$800 maximum payment amount will still apply in this situation. You will negotiate with the supplier to continue or restore service based on the EA component payment and take the following steps:

- If the supplier agrees to continue/restore service in return for the EA payment, the application will be processed for payment.
- If the supplier will not agree to continue/restore service for the EA component, the CAA will determine if a combination of EA/ECIP funds will be enough to continue/restore service for the household. If a combination of EA/ECIP funds is accepted by the supplier, you will pledge the ECIP amount and the application will be processed for payment. The EA payment will be processed by the State of Missouri.
- If the supplier will not agree to continue/restore service with a combination of EA/ECIP funds, the applicant must be contacted to determine if they have an alternate heat supplier. The alternate supplier must be documented. If so, and the alternate heat source is not in crisis, the application will be approved for the alternate supplier for the EA payment. If the alternate heat source is in crisis, the

worker will pledge the ECIP amount to resolve the crisis to the alternate heat source vendor.

- In many cases where EA/ECIP funds are not sufficient to continue/restore service, there is no possible alternate supplier. The applicant will be notified that they are responsible for paying whatever additional amount would resolve their energy crisis and any LIHEAP EA/ECIP pledges would be delayed until the applicant payment has been made.

NOTE: ECIP pledge amounts must not exceed what is needed to resolve the crisis, up to the maximum payment amount (\$800). Payments will be rounded up to the nearest dollar amount.

- After the initial LIHEAP payment you may also have additional ECIP applications that you will need to negotiate and make a pledge on to have a secondary energy source continued/restored.

Non-Participating Home Energy Supplier/Direct Applicant Payments:

For non-participating home energy suppliers when the EA component of the application is approved, a direct payment will be sent to the applicant to make payment on their primary heat source. The applicant will be responsible for making this payment and negotiating directly with their supplier to resolve their energy crisis situation. You will also explore the need for additional crisis assistance. If the need for ECIP funds is established, a contractual agreement with the supplier will be completed for acceptance of the ECIP payment. **NOTE:** ECIP does not make direct applicant payments.

Summer ECIP Only

Summer ECIP payments will be pledged and issued to suppliers that have a contractual agreement with the CAA on behalf of all eligible households beginning June 1 and ending September 1, unless funds are exhausted prior to that date. The maximum payment amount will be \$300. When negotiating with the supplier, only the amount needed to resolve the energy crisis will be paid.

EA PAYMENT PROCESS

Energy Assistance (EA) payments are made to home energy suppliers that have a contract with the State of Missouri or to the applicant directly. The payment process is different depending on who is to be paid. Payment information is recorded on the LIHEAP Payment Information (E1PY) screen. **NOTE:** Previous program years may be accessed by selecting the Fiscal Year (FY) drop down box on the LIHEAP Payment Information (E1PY) screen and selecting the desired year. Payment information can also be located on the LIHEAP Registration (E1RG) screen which will display the supplier response, supplier number and supplier name.

NOTE: If the CAA is contacted by an applicant regarding a change in supplier, the CAA may change the supplier if the Customer Eligibility Listing (CEL) has not been

generated. If the CEL has been generated and sent to the supplier for a response, or the supplier has accepted payment the supplier cannot be changed.

Home Energy Supplier Payment Procedures

The Home Energy Supplier Payment Process starts with the Customer Eligibility Listing (CEL) (FEABB410-01) report. The supplier's response to this report determines the next step in the process. If the supplier accepts the payment, the payment will be processed to the supplier. If the supplier rejects the payment, the case will show on the Negative Supplier Response Report (FEABB460-1) – generated to the CAA. A direct payment to the applicant may result from a supplier not submitting responses by the fifteen (15) calendar day deadline. A direct payment may also be issued to the applicant if the supplier does not participate in the EA program.

Supplier Response

A computer generated Customer Eligibility Listing (CEL) report is produced and made available to each participating home energy supplier on a weekly basis. Home energy suppliers must complete the CEL on behalf of each identified customer. Home energy suppliers can enter only one of the appropriate energy supplier response codes listed below:

- Y or N (Yes or No) – This response indicates whether the supplier will accept the state's payment on behalf of a particular customer.
- 1-Commercial Account – This response indicates an account identified by the home energy supplier via rate structure or other means as generally being utilized by a commercial business and is not a residential heating account.
- 2-Non-Heating Account – This response indicates the account is not the customer's home energy heat source.
- 3-Inactive Account – This response indicates the identified account is not active with the home energy supplier.
- 4-Not Our Customer – This response indicates the home energy supplier is unable to identify the account holder as being a customer of their company.

Supplier Approval

If the home supplier responds with a "Y" and accepts the payment, they will receive a one time "line of credit" or "lump sum" payment on behalf of each household for whom they agree to accept payment. Home energy suppliers can apply the payment against any outstanding bills owed by the applicant, provided the account holder is an active customer. **NOTE:** This does not include reconnect fees, deposits, tank (pressure) tests, off-route delivery fees or tank pick-up/removal fees.

Direct Payment to Applicant

If the home energy supplier responds to the Customer Eligibility Listing (CEL) with “N” and does not accept the payment or fails to return the CEL within the required fifteen (15) calendar days, a direct payment will be generated to the applicant.

Supplier Denial

If the home energy supplier responds that an account holder has a Commercial Account, Non-Heating Account, Inactive Account or is Not Our Customer, a payment will not be generated to the supplier or applicant. The computer will automatically deny these supplier responses with a “K” denial code. The denial information can be identified on the E1RG/E1PY screens. This response will generate the Negative Supplier Response Report (FEABB460-01), which will be sent to the CAA on Monday of each week. It is the responsibility of CAA staff to verify the information in the system and enter any necessary corrections.

If the CAA receives a denial back from a supplier and the only information that needs to be changed is the supplier or energy source, the CAA worker will use the LIHEAP Reset Denied Status (E1RD) screen to change this information.

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E1RD

LIHEAP - Reset Denied Status

Applicant
SSN:
Fiscal Year (FY):

Message: Enter SSN

[Inquiry](#)

[E1RG](#) [E1MM](#) [E1AP](#) [E1LW](#) [E1NA](#) [E1AC](#) [E1ES](#) [E1NS](#) [E1PY](#) [E1SI](#) [E1SN](#) [E1RD](#)
[E1RG](#) [E1MM](#) [E1AP](#) [E1LW](#) [E1NA](#) [E1AC](#) [E1ES](#) [E1NS](#) [E1PN](#) [E1PY](#) [E1SD](#) [E1SI](#) [E1SN](#) [E1ST](#) [E1CO](#) [E1CA](#) [E1IR](#) [E1RD](#) [E1SS](#)
[S024](#) [SCLR](#)
[EHST](#)

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ACCESSING THE LIHEAP RESET DENIED STATUS (E1RD) SCREEN:

1. Type the applicant's SSN in the APPLICANT SSN field.
2. Click on INQUIRY button.
3. The E1RD screen will display the message, "Information Found" for a case that has been denied by the supplier.

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E1RD

LIHEAP - Reset Denied Status

Applicant
SSN: 123456789 DCN: 00058140 Agency: A19-WCMCAA County: 108-VERNON

Applicant Name:
Last: STANLEY First: EMMA MI: L Date of Birth: 09-06-1918 Gender: F

Fiscal Year (FY): 09 Registration Date: 08-14-2008 STATUS: DENIED

Supplier Number: 150054000 Supplier Name: AMEREN UE

Energy Source: Natural Gas

Message: Information Found

Verify: (Enter YES to Confirm Status Reset)

[Inquiry](#) [Reset Status](#)

E1RG E1MM E1AP E1LW E1NA E1AC E1ES E1NS E1PY E1SI E1SN E1RD
E1RG E1MM E1AP E1LW E1NA E1AC E1ES E1NS E1PY E1SI E1SN E1ST E1CO E1CA E1IR E1RD E1SS
S024 SCLR
EHST

User ID: (JONEKOZ) Program (FEAU166 version=001) Friday, August 29, 2008 1:37:48 PM

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RESETTING DENIED STATUS ON E1RD SCREEN:

1. Type the correct supplier number in the SUPPLIER NUMBER field or correct energy source in the ENERGY SOURCE field or both.
2. Type "YES" in VERIFY field.
3. Click on RESET STATUS button. The message, "Status Reset" will display. The status will now display, "Eligible".

Resetting the denial status on E1RD will change the benefit amount if the fuel source is changed. **NOTE:** The same income information from the original eligibility will be used in determining this benefit amount.

Supplier Payment Reports

Supplier payment reports are produced weekly and sent to the energy supplier. These reports reflect payment information including approvals and denials made on behalf of the customer.

Direct Applicant Payments

Direct payments to the applicant will be made only under the following conditions:

- Non-participating home energy supplier – The supplier has not signed a contract with the State of Missouri to participate in LIHEAP.
- Cylinder propane is used as the home energy heat source.
- Supplier response is “No” on CEL or the supplier failed to respond by deadline.
- Kerosene is used as the home energy heat source.
- Landlord situation – Applicant pays a landlord for the home energy heat cost that is not included in their rental payment.
- Wood/wood pellets/corn pellets are used as the home energy heat source.
- Renter situation – Applicant’s home energy heat cost is included as an undesignated portion of their regular monthly rental charge.

Direct Applicant Payment Procedures

Direct payments to the applicant will be generated by assigning a unique supplier number. Checks will be printed on the first payroll date that occurs after the application is updated to the EA system's master file. Listed below are the unique numbers assigned to direct applicant payments:

- Non-Participating Home Energy Supplier – 000000000
- Cylinder Propane – 222222222
- Supplier Response is “No”/Failure to Respond – 555555555 **NOTE:** This number will be assigned automatically
- Kerosene – 666666666
- Landlord Situation – 777777777
- Wood/Wood Pellets/Corn Pellets – 888888888
- Renter Situation – 999999999

Payroll Dates

Checks will be produced beginning the first Saturday after the program start date and will be mailed on the following Friday unless there is a holiday. The State is required to

hold all checks five (5) working days; therefore, checks will be mailed the following Monday in the event of a holiday. Suppliers participating in the Automated Clearing House (ACH) or Direct Deposit payment process will receive EA funds each payroll Friday. In the event of a holiday, the funds will be deposited the following Monday.

LIHEAP Payment Information (E1PY) Screen

E1PY is a payment inquiry screen. To access the E1PY screen you will need to follow the instructions included in the introduction of this manual SIGNING ONTO EA SYSTEM. After signing onto the EA system you will need to access the E1PY screen. Click on the button at the bottom of the page to carry over the applicant SSN or click on the link to display a blank E1PY screen.

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E1PY

LIHEAP - Payment Information

tabOutter

Applicant SSN:

Fiscal Year (FY): 09

Message: Enter SSN

Inquiry

E1RG E1MM E1AP E1LW E1AC E1ES E1NS E1PY E1SI E1SN
E1RG E1MM E1AP E1LW E1AC E1ES E1NS E1PN E1PY E1SD E1SI E1SN E1ST E1CO E1CA E1IR
S024 SCLR

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DISPLAYING INFORMATION ON E1PY SCREEN:

1. Type the applicant's Social Security Number in the SSN field.
2. The Fiscal Year (FY) defaults to the current year. Select the Fiscal Year (FY) if a year other than the current year is needed.
3. Click on INQUIRY Button.
4. A message will display, "Information Found".

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E1PY

LIHEAP - Payment Information

Applicant SSN: 235411111 DCN: 63500087 Agency: A08-HDC County: 115-ST. LOUIS CITY Last User ID: FEABB305

Applicant Name:
Last: SCHROEDER First: AMY MI:

Fiscal Year (FY): 09

Household Information: (Hide) (Show)

SSN	DCN	Name (Last, First, MI)	Gender	Birth Date	Disabled	Relationship
[01] 235-41-1111	63500087	SCHROEDER AMY	F	04-30-1970	No	Applicant

Address 1: 152 EASTLAND AVE
Address 2:
City: ST JOHN State: MO Zip: 65024

Register Date: 07-21-2008 Date Stamp: 07-19-2008 Ineligibility Reason: Case Category: A
Total Net Income: \$400.00 CARS Recoupment: \$0.00

Landlord/Renter: NO

Primary Supplier Information: (Hide) (Show)

Supplier Name: AMEREN UE
Customer Name: SCHROEDER AMY
Energy Source: NATURAL GAS
Notify Date: 07-23-2008

Supplier Number: 150054000
Account Number: RDB786
Service: Not in Crisis
Response: Y

Payment Information:

Paid To	Amount	EA/ECIP	Process Date	Check Date	Check Number	Debit/Credit	Reason
150054000	\$249.00	EA	07-23-2008	07-29-2008	Z 00000089		

Message: Information Found

Inquiry

E1RG E1MM E1AP E1LW E1AC E1ES E1NS E1PY E1SI E1SN
E1RG E1MM E1AP E1LW E1AC E1ES E1NS E1PN E1PY E1SD E1SI E1SN E1ST E1CQ E1CA E1IR
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The E1PY screen will display payment data associated with the applicant's Social Security Number, as well as the initial eligibility data used to determine the payment level. It will default to the current fiscal year; however, previous years may be selected from the drop down box.

The fields in the Primary Supplier Box are defined as:

- Supplier Name - This field displays the applicant's current primary supplier.

- **Supplier Number** - This field indicates which supplier was sent the Customer Eligibility Listing (CEL).
- **Customer Name** - This field displays the account name listed with the supplier.
NOTE: The customer account name may differ from the applicant name, such as: William Smith may be the applicant's full name, but the supplier may know the customer as "Bill Smith".
- **Account Number** - This field indicates the number used by the supplier for the purpose of tracking customer payments.
- **Energy Source** - This field displays the primary heat source for the customer.
- **Service** - This field displays information regarding status of the primary heat source: Not in Crisis, is in Threat of Disconnect or has been Terminated.
- **Notify Date** - This field indicates when the CEL was mailed or made available, via the internet, to the home energy supplier.
- **Response** - This field will reflect the supplier response on the CEL. If response is "5 CARS RECOUP", this indicates that an outstanding EA claim balance exceeded the current year's benefit amount.
- **Paid To** - This field indicates who the payment was issued to, either a supplier or directly to the applicant.
- **Amount** - This field indicates the benefit amount the household was approved to receive.
- **EA/ECIP** - This field displays the type of Energy Assistance benefit.
- **Process Date** - This entry reflects the payment process date or date payment was processed in the EA system.
- **Check Date** - This date indicates the date of the check and the date it will be mailed to the supplier or account holder.
- **Check Number** - If the check number is preceded by the letter "Z", this indicates a direct deposit was made to the supplier. If the check number is preceded by the letter "L", this indicates a paper check.
- **Debit Or Credit** - This field reflects a Debit (DB), Credit (CR) or Refund (RF) of the Energy Assistance payment.
- **Reason** - This column reflects the reason for the Debit, Credit or Refund.

Credits, Debits and Refunds

There are certain situations where a CAA may determine a credit or debit needs issued for an applicant or supplier. At times, the CAA may need a credit or debit entered in the EA system due to changes in the household composition, fuel source, income adjustments etc. **NOTE:** The CAA must first correct the information in the system, re-adjust the benefit calculation and then contact FSD with the correct benefit amount for the credit or debit to be processed. Credits and Debits can only be processed by Central Office.

Credit

A credit occurs when the applicant receives an underpayment in Energy Assistance benefits. The underpaid amount must be added (credit) to the applicant's account. Applicants with a non-participating supplier will receive a paper check for the underpayment.

Credit Codes

- 1 - Credit: Updated Eligibility/Benefit Adjustment
- 2 - Credit: New Supplier/Honoring Pledge
- 3 - Credit: System Generated to Direct Pay
- 4 - Credit: Supplemental Payment
- 5 - Credit: Supplier Other

Debit

A debit occurs when an applicant receives an overpayment in Energy Assistance benefits. The overpaid amount must be subtracted (debit) from the applicant's account. Applicants with a non-participating supplier will have a CARS claim entered in the system in order to recover the over payment if the amount is over \$65.00.

Debit Codes

- A - Debit Supplier: Customer Moved
- B - Debit Supplier: Heat Source Error
- C - Debit Supplier: Actual Usage
- D - Debit Supplier: Supplier Changed
- E - Debit Supplier: Other Reasons
- I - Debit Direct Pay: Address Unknown
- J - Debit Direct Pay: Moved Out Of State
- K - Debit Direct Pay: Deceased
- L - Debit Direct Pay: Ineligible
- M - Debit Direct Pay: Other
- N- Debit Updated: Eligibility/Benefit Adjustment

Refund

A refund occurs when a supplier receives a payment and refunds the payment to FSD.

Refund Codes

- U. Refund: Client Failed to Negotiate Turn-On
- V. Refund: Collection On Debits
- W. Refund: Client Account Closed Or Inactive
- X. Refund: Client Incarcerated
- Y. Refund: Duplicate Payment
- Z. Refund: Actual Usage Credit Balance

Cancelled Energy Assistance Checks

If the Energy Assistance (EA) check is returned to FSD as “Undeliverable”, FSD will attempt to secure a new mailing address. If FSD has a new address, the check will be sent to that address. If FSD cannot establish a new address, the CAA will be notified to contact the household in order to determine the correct address. The CAA must enter the new address on the LIHEAP Application (E1AP) screen. Failure to enter the correct address on E1AP will result in the address not being updated in the system. Once the CAA contacts FSD with the correct address, FSD will reissue the check. **NOTE:** FSD will not reissue checks to an out-of-state address.

Lost, Stolen, Destroyed or Not Received EA Checks

If an applicant reports their EA check has been lost, stolen, destroyed or not received, the CAA will initiate check replacement using the following procedures:

- CAA must first secure the check date and check number as displayed on the E1PY screen. Once this information is secured, contact the Division of Finance and Administrative Services (DFAS) at 573-526-1811 to determine if the check is outstanding.
- If the check is outstanding, advise DFAS to put a Stop Payment on the check.

NOTE: Only designated CAA staff can request a stop payment. Complete an Affidavit for Replacement Check (IM-214) form and send it to FSD on or before the next business day - after the affidavit has been notarized. The FSD fax number is 573-522-9557.

NOTE: The CAA must call the stop payment in to DFAS before issuing the affidavit, or the affidavit will be voided by DFAS. If notarized with a raised seal, do not fax. Mail the original affidavit to the Family Support Division – LIHEAP Unit, 615 Howerton Court, PO Box 2320, Jefferson City, MO 65102. FSD staff will make a copy of the affidavit and forward the original to DFAS. The CAA must keep a copy in the record. The applicant must be advised to notify the CAA immediately if the check is subsequently found. The check will not be accepted

for payment by the State Treasurer unless the stop payment notice is removed. In this instance, DFAS must be contacted to stop the duplicate check and remove the stop payment notice from the original check.

- If the check is not outstanding, DFAS will send the CAA a copy of the check for further review. If, after reviewing the endorsed check, the CAA is reasonably certain that a forgery has been committed, an Affidavit of Forgery (IM-215) form will be completed and sent to DFAS at P.O. Box 1082, Jefferson City, MO 65102-1082.

ECIP PAYMENT PROCESS

ECIP payments are produced and distributed by the local CAA. Payments must be issued to suppliers no later than 45 days after an eligible household applied for assistance. The payment amount is determined by the amount needed to restore or prevent disconnection of service to alleviate the energy related crisis.

SUMMARY

LIHEAP EA payments are made by FSD to either a participating home energy supplier directly or to the household in a one time lump sum payment. ECIP payments can be one or multiple payments, not to exceed the maximum benefit allowed, made by the CAA to suppliers who have contracts with the CAA to resolve crisis situations.

Payment determination and processing are dependent upon whether EA and/or ECIP funds are used and if the payment is being made to a participating home energy supplier. The EA payment process is recorded in the state's LIHEAP Energy Assistance computer program. ECIP payment process is recorded in either the Management Information System (MIS) or CAA designated system.

In either case, EA and ECIP payments must be issued in 45 days after an eligible household applies for assistance.

SUPPLIER

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SUPPLIER

INTRODUCTION

Low-Income Home Energy Assistance Program (LIHEAP) Energy Assistance (EA) payments are made directly to participating suppliers. Participating suppliers receive payment information and send responses to the Family Support Division (FSD) through File Transfer Protocol (FTP), directly on the FSD web site or by a paper process. The process used to send and receive information will determine the access that is needed to the EA System.

Large suppliers participate through the FTP process because they have systems that can be programmed to pick up and return electronic files. We encourage all other suppliers to utilize the FSD web site if they are not already doing so to reduce the time it takes to receive an EA payment. Paper supplier payments can take longer to process due to mailing time and faxing of paper reports.

Security Access

Regardless if the supplier is FTP, web or paper, suppliers wanting to access the EA System must submit the following forms to FSD for processing:

- State of Missouri Department of Social Service Access Request
- DSS Confidentiality & Information Security Agreement

The original forms with original signatures must be received by FSD before security access is processed. These forms and their instructions are included in the Forms section of this manual.

If a system user fails to sign onto the EA System for 90 days, their password will be revoked and they will be required to complete all the forms for EA System access again. This will require original forms. These must be received before processing.

After you receive a user ID you will be able to sign onto the EA System through the internet at the following web site:

<http://www.dss.mo.gov/fsd/liheap.htm>

For your initial sign on, you will use the user ID provided and the password will be the first initial of your first name, the first letter of your last name and the last four digits of your social security number followed by the # symbol. A message will appear advising you that the password has expired and you will need to enter a new password. Enter a new password between 7 and 8 characters in length and retain this information for future use. The password must contain at least one numeric character. After entering this

information, you will be prompted to enter the same password again. A prompt will appear indicating the password was accepted.

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Family Support Division

Low Income Home Energy Assistance

The Missouri Low Income Home Energy Assistance Program (LIHEAP) has two components: Energy Assistance/Regular Heating (EA) and Energy Crisis Assistance Program (ECIP). EA is designed to provide financial assistance to help pay heating bills for Missourians during the months of October, November, December, January, February, and March. Eligibility requirements for EA are based on income, family size, available resources and responsibility for payment of home heating costs. Eligibility for EA may also qualify individuals for additional financial assistance through ECIP and/or weatherization services funded by LIHEAP.

Who Is Eligible?

Households that meet income guidelines based on family size. Caseworkers in [Community Action Agencies](#) provide information concerning requirements.

- ☒ [Energy Supplier On-Line Access](#) (authorization required)
- ☒ [Community Action Agency On-Line Access](#) (authorization required)
- ☒ [Heating & Cooling Assistance Instructions & Application](#) (PDF)
- ☒ [Federal Applications](#)
- ☒ [LIHEAP Brochure](#)
- ☒ [LIHEAP Manual](#) (PDF, size = 6MB)

Links to Other Energy Assistance Internet Resources:

- [Missouri Association for Community Action](http://communityaction.org)
(communityaction.org)
- [U.S. Dept. Health & Human Services LIHEAP](http://www.acf.dhhs.gov/programs/liheap/)
(www.acf.dhhs.gov/programs/liheap/)
- [Natural Resources Energy Center](http://www.dnr.mo.gov/energy/)
(www.dnr.mo.gov/energy/)

SIGNING ON TO EA SYSTEM:

6. Access <http://www.dss.mo.gov/fsd/liheap.htm> web site and click on Energy Supplier On-Line Access;
7. On-Line Access to Energy Assistance will display and list the supplier Energy Assistance screens;
8. Click on the screen you wish to access;
9. The Connect to www.prod.dss.mo.gov box will display and you will type in your User name and Password and click OK button;
10. You will now be signed onto the EA system and the screen you selected will now display.

If you experience trouble with your password when signing on for the first time or if your password needs to be reset, you may call the Department of Social Service (DSS) Information Technology and Service Division (ITSD) help desk numbers, 1-800-392-8725 or 1-800-663-2647 for assistance.

LIHEAP Supplier Access (E1SA) Screen

Participating energy suppliers will have access to the LIHEAP Supplier Access (E1SA) screen. This is an inquiry only screen designed to provide suppliers with payment and application status information on their customers.

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E1SA

LIHEAP - Supplier Access Screen

Customer SSN: Fiscal Year (FY): 09

Message: **Enter Customer SSN**

[E1RS](#) [E1RP](#) [E1UD](#) [E1SP](#) [E1SD](#) [E1SA](#) [E1CD](#)

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ACCESSING LIHEAP SUPPLIER ACCESS (E1SA) SCREEN:

1. Sign on to the EA System and click on E1SA link.
2. The message, "Enter Customer SSN" will display in red.
3. Type the customer's Social Security Number (SSN).
4. Click on INQUIRY button or hit enter key.
5. The message, "Customer Information Displayed" will display.

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E1SA

LIHEAP - Supplier Access Screen

Customer SSN: Fiscal Year (FY): Agency: A08-HDC County: 115-ST. LOUIS CITY

Customer Name: SCHROEDER, AMY Account Number: RDB786
Address 1: 152 EASTLAND AVE Energy Source: Natural Gas
Address 2:
City: ST JOHN State: MO Zip: 65024
Register Date: 07-21-2008 Reapplication: N

Status: APPROVED Notified Date: 07-22-2008
Supplier Number: 150054000 Supplier Name: AMEREN UE
Supplier Response: Y - YES Amount Paid: \$249.00 Check Date: 07-29-2008 Check Number: 00000089

Message: **Customer Information Displayed**

[E1RS](#) [E1RP](#) [E1UD](#) [E1SP](#) [E1SD](#) [E1SA](#) [E1CD](#)

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The Community Action Agency (CAA) and county information will display. The customer name, account number, address and energy source will also display. You will be able to view the registration date to determine if this was a reapplication. One of the following statuses will display:

- **Pending in Progress Status**

The pending in progress status indicates the application has been registered; however, the application has not been processed.

- **Eligible Status**

The eligible status indicates the application has been registered, processed and the household has met the requirements for LIHEAP eligibility, but the payment has not processed. If the case is eligible, the supplier number, supplier name and date notification was sent to the supplier about the EA payment will display.

- **Approved Payment in Progress Status**

The approved payment in progress status indicates the application has been registered, processed, the household met the requirements for LIHEAP eligibility, the

customer eligibility response has returned from the supplier with a response of "YES" and payroll is processing. This status will appear for a short period of time. When payroll has processed, the status will change to approved.

- **Approved Status**

The approved status indicates the application has been registered, processed, the household has met the requirements for LIHEAP eligibility and the payment has been processed. The process date, benefit amount, supplier number and name will display.

- **Ineligible Status**

The ineligible status indicates the application has been registered, processed and the household has not met the requirements for LIHEAP eligibility.

- **Denied Status**

The denied status indicates the application has been registered, processed, the household has met the requirements for LIHEAP eligibility and the customer eligibility response has returned from the supplier with a denial code. E1SA will display the reason for the denial. There are four possible denial reasons which the supplier chooses from.

- Inactive Account
- Commercial Account
- Non-Heat Source
- Not Our Customer

NOTE: The E1SA screen is an inquiry screen. No updates to the information on this screen can be made by suppliers.

CUSTOMER ELIGIBILITY LISTINGS

After the Community Action Agency (CAA) has determined a case is eligible to receive a LIHEAP EA payment and the customer has a participating supplier, a Customer Eligibility Listing (CEL) (FEABB410-01) report will be generated to the supplier. The Customer Eligibility Listing will identify each eligible applicant by name, address, customer account number and Social Security Number. The energy supplier will be responsible for completing the responses and returning them to the Family Support Division (FSD) by the due date indicated on the form. These listings are generated differently based upon the different participating supplier types of FTP, web or paper.

FTP Suppliers

A Customer Eligibility Listing (CEL) file is made available to FTP suppliers every Monday. The FTP supplier picks up this file and determines if they will accept or deny the payment. The supplier file can be returned any time; however, the EA System will

pick up the file at the close of business on Wednesdays and Fridays. The batch for payment processing will not run until Friday of each week. To avoid overlaying of FTP files, suppliers should only send one file for Wednesday's processing and one file for Friday's processing.

Web Suppliers

The Customer Eligibility Listing (CEL) is sent to web suppliers through the internet. They can also generate this report from the EA System on the LIHEAP Supplier Response Print (E1RP) screen. Web suppliers will submit their responses online utilizing the LIHEAP Supplier Response Page (E1RS) screen.

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E1RS

LIHEAP - Supplier Response Page

SUPPLIER NUMBER: DATE NOTIFIED: Include Verified Responses ☐

Message: Enter Supplier # and Date Notified

[E1RS](#) [E1RP](#) [E1UD](#) [E1SP](#) [E1SD](#) [E1SA](#) [E1CD](#) [E1PP](#) [E1SS](#)

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ACCESSING LIHEAP SUPPLIER RESPONSE PAGE (E1RS) SCREEN:

1. Type the supplier number in SUPPLIER NUMBER field.
2. Type the notification date in DATE NOTIFIED field. **NOTE:** The date notified field can be located in Appendix G and on the Customer Eligibility Listing (CEL).
3. Click on INQUIRY button.
4. The E1RS screen will display the message, "Enter Updates".

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E1RS

LIHEAP - Supplier Response Page

SUPPLIER NUMBER: 151045000 DATE NOTIFIED: 07-23-2008 Include Verified Responses ☐

Supplier Name & Address:
BOONE ELECTRIC COOP
P O BOX 797
COLUMBIA MO 65205

[tabInside](#)

CUSTOMER INFORMATION
[Accept ALL on Page](#) ☐

Customer SSN	Name and Address	Account #	Account# Changed?	Fuel Type	Benefit	Supplier Response
	BUTLER BARBARA G 4225 S. HIGH AVE JEFFERSON CITY MO 65408	10003		3 ELECTRIC	\$153.00	0=None
	FOSTER KENNETH D 1546 IND AVE COLUMBIA MO 65444	00002		3 ELECTRIC	\$153.00	0=None

Message: Enter Updates

[Inquiry](#) [SAVE](#)

[E1RS](#) [E1RP](#) [E1UD](#) [E1SP](#) [E1SD](#) [E1SA](#) [E1CD](#) [E1PP](#) [E1SS](#)

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The E1RS screen will display the customer SSN, name, address, account number, fuel type and benefit amount. You can either accept all the payments on the page or update each supplier response field.

Suppliers can enter only one of the appropriate energy supplier response codes listed below:

- Y or N (Yes or No) – This response indicates whether the supplier will accept the state's payment on behalf of a particular customer.
- 1-Commercial Account – This response indicates an account identified by the home energy supplier via rate structure or other means as generally being utilized by a commercial business and is not a residential heating account.
- 2-Non-Heating Account – This response indicates the account is not the customer's home energy heat source.
- 3-Inactive Account – This response indicates the identified account is not active with the home energy supplier.

- 4-Not Our Customer – This response indicates the home energy supplier is unable to identify the account holder as being a customer of their company.

ENTERING SUPPLIER RESPONSES ON E1RS SCREEN:

1. Type the customer's account number in ACCOUNT # CHANGE? field if the customer's account number listed on the screen is incorrect. **NOTE:** If the customer's account name is correct, it is not necessary to update this field. Click on the drop down menu in SUPPLIER RESPONSE field and select the appropriate response.
2. Or click on ACCEPT ALL ON PAGE field to accept all the payments.
3. Click on SAVE button.

You may enter the responses Monday through Friday until 5:00 P.M. and the responses will update the EA System over the weekend. See Appendix H for the CEL/Payment Procedures Overview relating to payment timeframes.

Web suppliers also have access to the Supplier Response Page using the LIHEAP Supplier Response Print (E1RP) screen.

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E1RP

LIHEAP - Supplier Response Print

SUPPLIER NUMBER: 151045000 DATE NOTIFIED: 07-23-2008

Supplier Name & Address:
BOONE ELECTRIC COOP
P O BOX 797
COLUMBIA MO 65205

CUSTOMER INFORMATION					
Customer SSN	Name and Address	Account #	Fuel Type	Benefit	Supplier Response
	BUTLER BARBARA G 4225, S. HIGH AVE JEFFERSON CITY MO 65408	10003	3 ELECTRIC	\$153.00	0=None
	FOSTER KENNETH D 1546, IND AVE COLUMBIA MO 65444	00002	3 ELECTRIC	\$153.00	0=None

Message: Transaction Complete

[E1RS](#) [E1RP](#) [E1UD](#) [E1SP](#) [E1SD](#) [E1SA](#) [E1CD](#) [E1PP](#) [E1SS](#)

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ACCESSING LIHEAP SUPPLIER RESPONSE PRINT (E1RP) SCREEN:

1. Type the supplier number in SUPPLIER NUMBER field.
2. Type the notification date in DATE NOTIFIED field. **NOTE:** The date notified field can be located in Appendix G.
3. Click on INQUIRY button.
4. The E1RP screen will display the message, "Transaction Complete".

Due to the size of this report, you must use the print function from the tool bar drop down under File. You will then choose Select All, Current Page or Pages to indicate the range you wish to print.

Paper Suppliers

The Customer Eligibility Listing (CEL) is sent to paper suppliers by mail on Tuesday of each week. Paper Suppliers will need to indicate if there has been a customer account number change and their response directly on the report. They will then need to either fax this report to 573-522-9557 or mail this report to:

Family Support Division
 Attn: CSBG/LIHEAP Unit
 615 Howerton Court
 P.O. Box 2320
 Jefferson City, MO 65102-2320

After the CEL is received by FSD, they will enter the responses in the EA System. These responses will update the EA System over the weekend. See Appendix H for the CEL/Payment Procedures Overview relating to payment.

SUPPLIER PAYMENT REPORT

The Supplier Payment Report (FEARBB350-01) will list each customer for whom payment is being issued. It provides identifying information about each customer, the amount of the payment being made on their behalf and the total amount of all payments for this payroll. The total amount should agree with the amount of the check or direct deposit received unless payment debits from a previous payroll cycle have been taken. If you indicated on the Customer Eligibility Listing that you did not want to accept payment on behalf of the customer, the Amount Paid Column on this report will be blank and the response you entered will be reflected under the Supplier Response. This report will generate differently based upon the different participating supplier types of FTP, web and paper.

FTP Suppliers

A Supplier Payment file is made available to FTP suppliers every Monday. The FTP supplier picks up this file and processes the payment information from this file.

Web Suppliers

Web suppliers are sent an email which includes the Supplier Payment Report. They can also access this information through the EA System on the LIHEAP Supplier Payment Inquiry (E1SP) screen.



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E1SP

LIHEAP - Supplier Payment Inquiry

Supplier Number:
Check Date:

Check Number: Z 00000090
Check Amount: \$957.00
Debits: \$0.00
Credits: \$0.00

Supplier Name & Address:
BOONE ELECTRIC COOP
P O BOX 797

COLUMBIA MO 65205

Supplier Number: 151045000
Total Amount: \$957.00
Debits: \$0.00
Credits: \$0.00

CUSTOMER INFORMATION:

Customer SSN	Name and Address	Account #	Benefit	Debit/Credit	Reason
	COLLIER IVA L 10 PROVIDENCE RD COLUMBIA MO 65233	87654389765	\$277.00		
	BELLINGER JUNE K 11010 JEFFERSON CITY MO 65101		\$219.00		
	LOFTIES SHANNON R 1100 WOODARD JEFFERSON CITY MO 65101		\$184.00		
222-33-9988	GEMES BROOK 152 ROCK ROAD LANSING MO 54880		\$277.00		

Message: Information Displayed

Inquiry

[E1RS](#) [E1RP](#) [E1UD](#) [E1SP](#) [E1SD](#) [E1SA](#) [E1CD](#) [E1PP](#) [E1SS](#)

User ID: (FEATRN1)
Program: (FEA1120 version=001) Thursday, August 28, 2008 11:21:28 AM

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ACCESSING LIHEAP SUPPLIER PAYMENT INQUIRY (E1SP) SCREEN:

1. Type the supplier number in SUPPLIER NUMBER field.
2. Type the check date in CHECK DATE field.
3. Click on INQUIRY button.
4. The E1SP screen will display the message, "Information Displayed".

Paper Suppliers

Paper suppliers will receive the Supplier Payment Report through the mail with their Energy Assistance check. If you receive your payment through direct deposit, you will only receive the payment report by mail.

PAYROLL DATES

Checks will be produced beginning the first Saturday after the program start date and will be mailed on the following Friday unless there is a holiday. The State is required to hold all checks five (5) working days; therefore, checks will be mailed the following Monday in the event of a holiday. Suppliers participating in the Automated Clearing House (ACH) or Direct Deposit payment process will receive EA funds each payroll Friday. In the event of a holiday, the funds will be deposited the following Monday. See Appendix G for Customer Eligibility Listing and payroll dates.

LOST PAYROLL CHECKS

If a supplier was scheduled to receive a check for LIHEAP customers on a certain payroll date and has not received it within ten (10) calendar days after its due date, contact FSD at 573-751-6789. FSD staff will assist the supplier in locating the check.

If the check has been lost, stolen or destroyed in some manner it will be necessary for the supplier to complete the Affidavit for Replacement Check (IM-214) form found in the Forms section of this manual. You will need to contact FSD staff to assist you in completing this form and answer any questions you may have.

CREDIT, DEBITS AND REFUNDS

There are certain situations where a determination is made to issue a credit or debit on a customer's account. This credit or debit is entered in the EA system and will affect the supplier's payroll.

Credit

A credit occurs when a customer receives an underpayment in Energy Assistance benefits. The underpaid amount must be added (credit) to the customer's account. The credit causes an automatic direct deposit for suppliers participating in the Automated Clearinghouse (ACH) or direct deposit process. Suppliers not participating in the direct deposit process will receive a paper check.

Credit Codes

- 1 - Credit: Updated Eligibility/Benefit Adjustment
- 2 - Credit: New Supplier/Honoring Pledge
- 3 - Credit: System Generated to Direct Pay
- 4 - Credit: Supplemental Payment
- 5 - Credit: Supplier Other

Debit

A debit occurs when a customer receives an overpayment in Energy Assistance benefits. The overpaid amount must be subtracted (debit) from the customer's account. The debit causes an automatic deduction on the supplier's payroll. When a debit is completed in the EA system and the supplier does not have the funds to cover the debited amount, the supplier must send a refund check to FSD or have the amount taken from a future payroll.

Debit Codes

- A - Debit Supplier: Customer Moved
- B - Debit Supplier: Heat Source Error
- C - Debit Supplier: Actual Usage
- D - Debit Supplier: Supplier Changed
- E - Debit Supplier: Other Reasons
- I - Debit Direct Pay: Address Unknown
- J - Debit Direct Pay: Moved Out of State
- K - Debit Direct Pay: Deceased
- L - Debit Direct Pay: Ineligible
- M - Debit Direct Pay: Other
- N - Debit Updated: Eligibility/Benefit Adjustment

Refund

A refund occurs when a supplier receives a payment and refunds the payment to FSD. This can occur because issuing a debit against the supplier's payroll may cause problems for the supplier's computer system or the supplier does not have payroll to cover the debit amount.

Refund Codes

- U - Refund: Client Failed to Negotiate Turn-On
- V - Refund: Collection On Debits
- W - Refund: Client Account Closed Or Inactive
- X - Refund: Client Incarcerated
- Y - Refund: Duplicate Payment
- Z - Refund: Actual Usage Credit Balance

When issuing a refund, the supplier will need to include documentation with the check identifying the customer on whose behalf the payment was issued. This documentation should include the customer's name, address (city, state and zip code), Social Security Number and a brief explanation why the funds are being returned. This documentation can be located on the Customer Eligibility Listing.

USAGE DATA REPORT

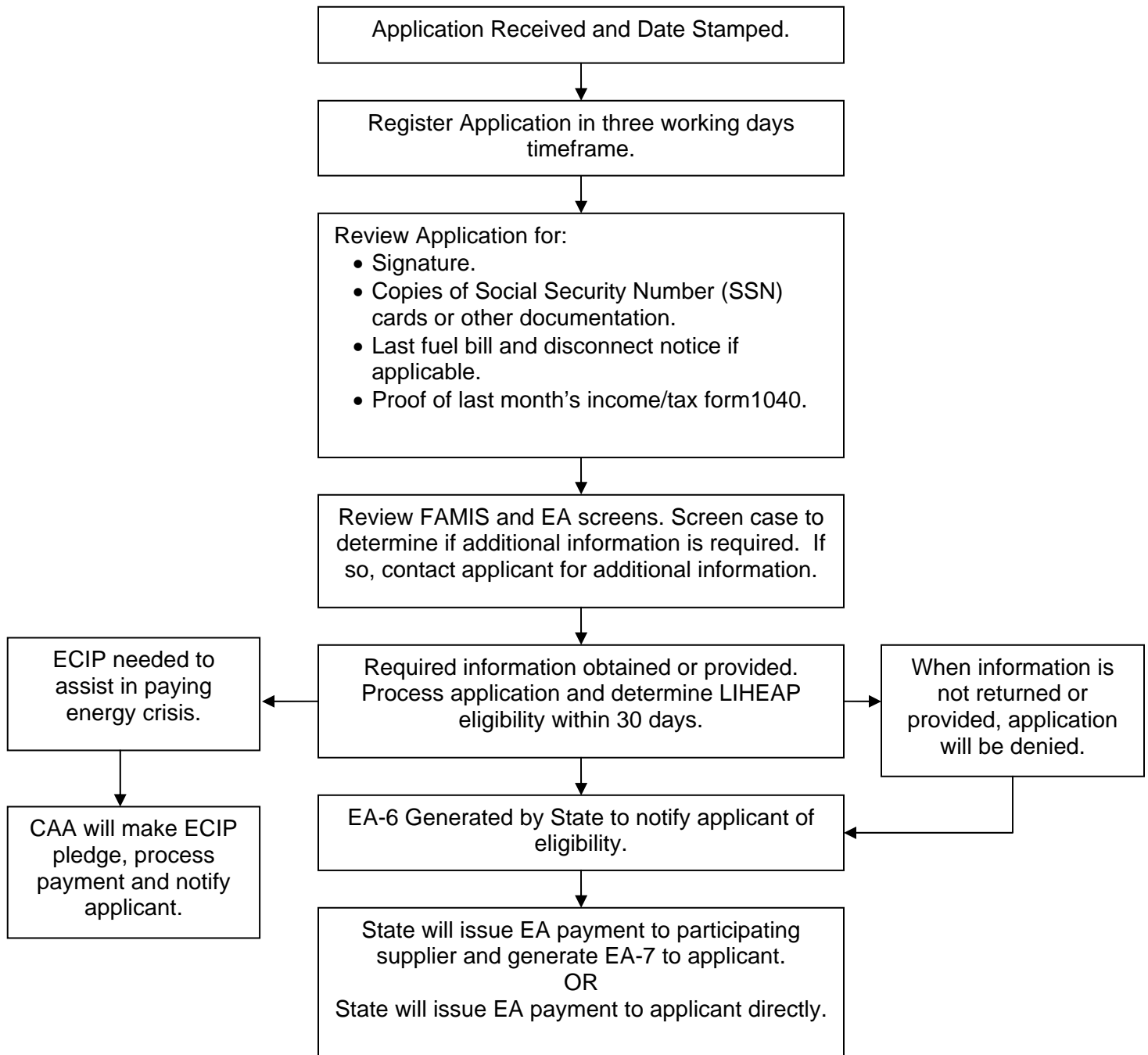
At the end of the heating season, FSD generates an Actual Usage Data Report (FEARR610-01) and sends this to randomly selected suppliers to complete usage information on their customers that received EA benefits. If the information returned by the supplier indicates the applicant may not have actually heated their home with the declared heat source, FSD reserves the right to file a claim against the applicant to recover the entire EA benefit amount.

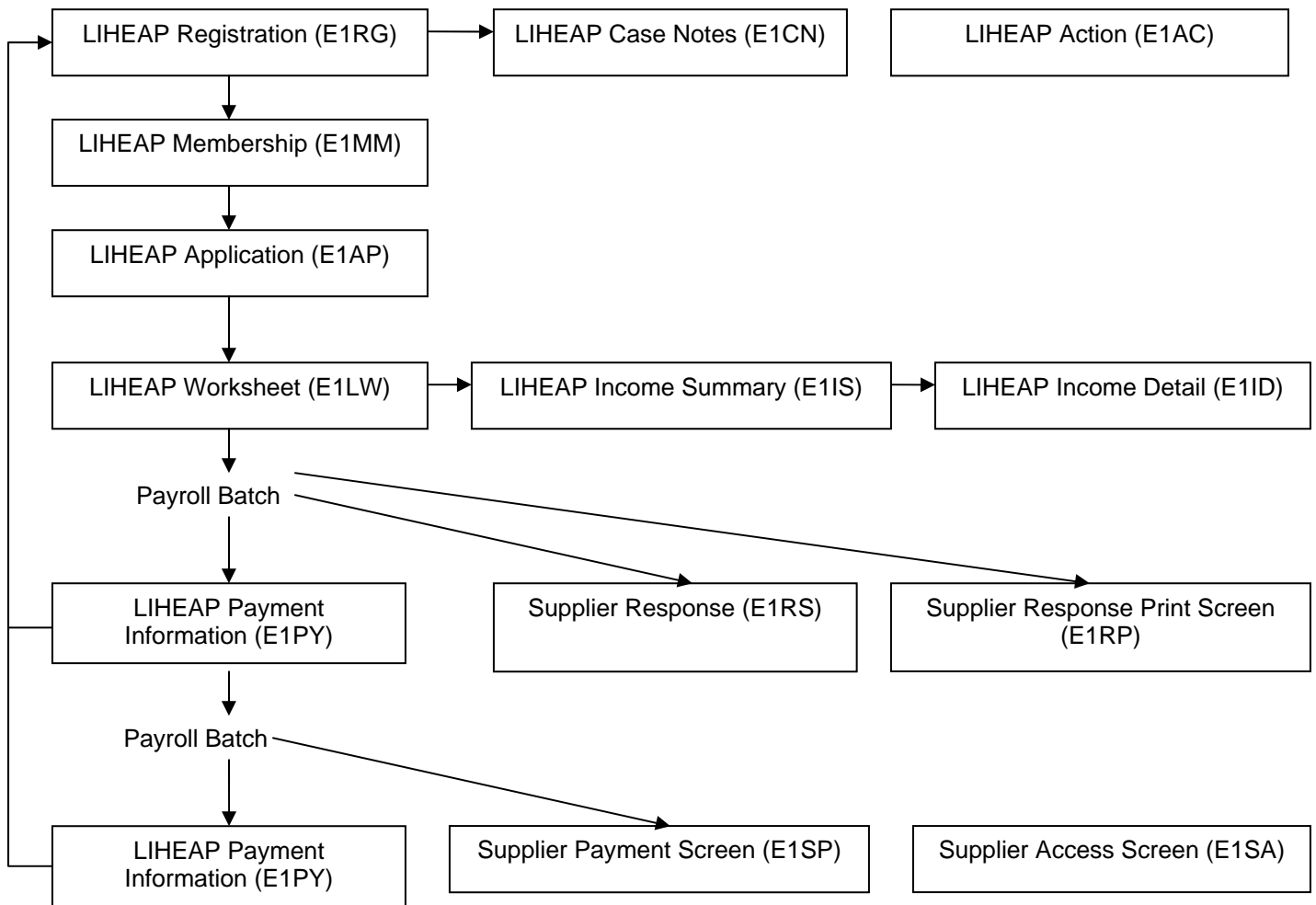
SUMMARY

Participating suppliers receive payment information through the Customer Eligibility Listing (CEL) and send responses to FSD through File Transfer Protocol (FTP), directly on the FSD web site or by a paper process. They also utilize this process to receive payment reports. Appendix H, the CEL/Payment Procedures Overview outlines the process and time frames for distribution of the CEL and payments.

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PROCESS OVERVIEW FLOW CHART

LIHEAP ENERGY ASSISTANCE SYSTEM OVERVIEW FLOW CHART

COUNTY CODES

001	Adair	041	Harrison	081	Phelps
002	Andrew	042	Henry	082	Pike
003	Atchison	043	Hickory	083	Platte
004	Audrain	044	Holt	084	Polk
005	Barry	045	Howard	085	Pulaski
006	Barton	046	Howell	086	Putnam
007	Bates	047	Iron	087	Ralls
008	Benton	048	Jackson	088	Randolph
009	Bollinger	049	Jasper	089	Ray
010	Boone	050	Jefferson	090	Reynolds
011	Buchanan	051	Johnson	091	Ripley
012	Butler	052	Knox	092	St. Charles
013	Caldwell	053	Laclede	093	St. Clair
014	Callaway	054	Lafayette	094	St. Francois
015	Camden	055	Lawrence	095	Ste. Genevieve
016	Cape Girardeau	056	Lewis	096	St. Louis County
017	Carroll	057	Lincoln	097	Saline
018	Carter	058	Linn	098	Schuyler
019	Cass	059	Livingston	099	Scotland
020	Cedar	060	McDonald	100	Scott
021	Chariton	061	Macon	101	Shannon
022	Christian	062	Madison	102	Shelby
023	Clark	063	Maries	103	Stoddard
024	Clay	064	Marion	104	Stone
025	Clinton	065	Mercer	105	Sullivan
026	Cole	066	Miller	106	Taney
027	Cooper	067	Mississippi	107	Texas
028	Crawford	068	Moniteau	108	Vernon
029	Dade	069	Monroe	109	Warren
030	Dallas	070	Montgomery	110	Washington
031	Daviess	071	Morgan	111	Wayne
032	DeKalb	072	New Madrid	112	Webster
033	Dent	073	Newton	113	Worth
034	Douglas	074	Nodaway	114	Wright
035	Dunklin	075	Oregon	115	St. Louis City
036	Franklin	076	Osage		
037	Gasconade	077	Ozark		
038	Gentry	078	Pemiscot		
039	Greene	079	Perry		
040	Grundy	080	Pettis		

DCN ASSIGNMENT

Three individuals within the Community Action Agency (CAA) are designated to assign DCN's. These individuals will review the applicant information to determine it was entered correctly on E1RG. If it was entered correctly, they will search the DCN Common Area again to determine if it is necessary to assign a DCN to complete registration. **NOTE:** Every member must have an assigned DCN in the DCN Common Area.

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Department Client Number(DCN)

Client Search

Please enter the nine digit Social Security Number or the Name, Gender & Date of Birth for the person you are searching for

System Code:

Social Security Number:

Individual Name (Last):

(First):

(Middle):

(Suffix):

Gender:

Birth Date: (MMDDCCYY - 12312002)

Wide Search: No ☐ Yes ☒

S005: ENTER FIELDS.

[Client Search\(SCLR\)](#) • [DCN Search\(S019\)](#) • [SSN Search\(S024\)](#) • [SSN Search\(SSSN\)](#)
[Participation Search\(SPAR\)](#) • [Name Search\(SNMF\)](#) • [Client Race/Ethnicity/Language Inquiry\(S030\)](#)
[Update Client Information\(SUPD\)](#)
[LIHEAP Registration\(E1RG\)](#)

(DCN1023A) Friday, August 08, 2008 3:45:08 PM

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SEARCHING THE DCN COMMON AREA

1. Click Client Search (SCLR) Link.
2. Type EA in System Code.
3. Type member SSN (if known).
4. Type member Last Name, First Name.
5. Type member Middle Name or Initial (if known).
6. Leave Suffix blank.
7. Select Gender drop down box and select male or female for the member.
8. Type member Date of Birth (MMDDCCYY – 12312002). **NOTE:** Date of Birth is required when assigning a DCN.
9. Click YES in the Wide Search field.
10. Click SUBMIT.

If after conducting the WIDE SEARCH, the screen displays the message “NO DATA FOUND” or if the individual is not found, a DCN must be assigned for the member.

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Department Client Number(DCN)

Wide Search


Please enter the search year.

Search Year: 1966
Yr(S) Searched 1966

Last Name:	DCN	Name	First Int:	L	Gender: F	DOB	DOB	SSN	VER
RENDELE	13243952	RANDALL LYNDA F			2F	12/31/1966			V
	34795932	RANDALL LORINA			1F	06/21/1966			V
	13243952	RANDALL LINDA			2F	12/31/1966			V

S008: END OF DATA.

Search | Client Search(SCLR) | Assign DCN

Click on the  button before the DCN for "Participation Search(SPAR)"

[Client Search\(SCLR\)](#) • [DCN Search\(S019\)](#) • [SSN Search\(S024\)](#) • [SSN Search\(SSSN\)](#)
[Participation Search\(SPAR\)](#) • [Name Search\(SNMF\)](#) • [Client Race/Ethnicity/Language Inquiry\(S030\)](#)
[Update Client Information\(SUPD\)](#)
[LIHEAP Registration\(E1RG\)](#)

(DCN1035A) Friday, August 08, 2008 3:49:34 PM

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ASSIGNING DCN:

1. Click ASSIGN DCN.
2. The ETHNICITY, RACE & LANGUAGE PROFICIENCY (ADD) PROCESS will display.

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Ethnicity, Race & Language Proficiency (ADD) Process

See message below and respond appropriately

DCN:
Name: RENDELE LYNN J R/G: F DOB: 08/08/1965 VER:

Ethnicity
HISPANIC/LATINO ☐ No ☒ Yes ☐ Unknown ☐

Race: (check all appropriate values)
☐ 1-White ☐ 2-Black African/American ☐ 4-American Indian/Alaskan
☐ 5-Asian ☐ 6-Native Hawaiian/Pacific ☐ U-Unable to Determine

Language proficiency

NO **Confirm Selections:**

S001: ENTER ALL APPLICABLE RESPONSES.

[Client Search\(SCLR\)](#) • [DCN Search\(S019\)](#) • [SSN Search\(S024\)](#) • [SSN Search\(SSSN\)](#)
[Participation Search\(SPAR\)](#) • [Name Search\(SNMF\)](#) • [Client Race/Ethnicity/Language Inquiry\(S030\)](#)
[Update Client Information\(SUPD\)](#)
[LIHEAP Registration\(ETRG\)](#)

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ADDING DCN - ETHNICITY, RACE & LANGUAGE PROFICIENCY (ADD) PROCESS SCREEN:

1. Ethnicity HISPANIC/LATINO defaults to NO. If the member is HISPANIC/LATINO click on YES. If the data is not available, click on UNKNOWN.
2. Click appropriate value for RACE.
3. Click LANGUAGE PROFICIENCY from the drop down box and select the language for the member.
4. Click SUBMIT. The system will respond requesting that you confirm your selection by entering "YES" in the CONFIRM SELECTIONS field.
5. Type YES in CONFIRM SELECTIONS field.
6. Click SUBMIT. The system will now display the DCN ASSIGNMENT screen.

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DCN Assignment
Enter "Yes" to assign a new DCN

DCN Assigned:
System Code: EA
NAME (Last): RENDELE
(First): LYNN
(Middle): J
(Suffix):
Race: 1
Gender: F
Birth Date: 08/08/1965
SOC. SEC. NO.:
Verify Flag: ☐ NO
Select:

S010: VERIFY TO ASSIGN DCN.

SUBMIT SCLR Search more years

[Client Search\(SCLR\)](#) • [DCN Search\(S019\)](#) • [SSN Search\(S024\)](#) • [SSN Search\(SSSN\)](#)
[Participation Search\(SPAR\)](#) • [Name Search\(SNME\)](#) • [Client Race/Ethnicity/Language Inquiry\(S030\)](#)
[Update Client Information\(SUPD\)](#)
[LIHEAP Registration\(E1RG\)](#)

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VERIFY INFORMATION TO ASSIGN DCN:

1. The message "Enter YES to assign a new DCN" will display.
2. Review data for accuracy before assigning a DCN.
3. If any data is incorrect or incomplete, click Client Search (SCLR) Link at the bottom of the screen. This will start the process over to correct or add data. **NOTE:** The DCN assignment fields are protected and can not be changed on the assignment screen. The search will be repeated before the DCN assignment will be documented.
4. Type YES in VERIFY FLAG field once all data is correct.
5. Press SUBMIT. You will receive the message, "DCN ASSIGNED"
6. Print the screen for the DCN file.
7. Complete member registration on E1RG screen.



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DCN Assignment

Enter "Yes" to assign a new DCN

DCN Assigned: 64000009

System Code: EA

NAME (Last): RENDELE

(First): LYNN

(Middle): J

(Suffix):

Race: 1

Gender: F

Birth Date: 08081965

SOC. SEC. NO.: !

Verify Flag: YES

Select: ☐

S014: DCN ASSIGNED.

SUBMIT

SCLR

Search many years

[Client Search\(SCLR\)](#) • [DCN Search\(S019\)](#) • [SSN Search\(S024\)](#) • [SSN Search\(SSSN\)](#)

[Participation Search\(SPAR\)](#) • [Name Search\(SNME\)](#) • [Client Race/Ethnicity/Language Inquiry\(S030\)](#)

[Update Client Information\(SUPD\)](#)

[LIHEAP Registration\(ETRQ\)](#)

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HOUSEHOLD SIZE	FY '09 INCOME RANGES AND BENEFIT AMOUNTS MONTHLY INCOME AMOUNTS				
	A 0%-25%	B 26%-50%	C 51%-75%	D 76%-100%	E 101%-125%
1	0-217	218-433	434-650	651-867	868-1,083
2	0-292	293-583	584-875	876-1,167	1,168-1,458
3	0-367	368-733	734-1,100	1,101-1,467	1,468-1,833
4	0-442	443-883	884-1,325	1,326-1,767	1,768-2,208
5	0-517	518-1,033	1,034-1,550	1,551-2,067	2,068-2,583
6	0-592	593-1,183	1,184-1,775	1,776-2,367	2,368-2,958
7	0-667	668-1,333	1,334-2,000	2,001-2,667	2,668-3,333
8	0-742	743-1,483	1,484-2,225	2,226-2,967	2,968-3,708
9	0-817	818-1,633	1,634-2,450	2,451-3,267	3,268-4,083
10	0-892	893-1,783	1,784-2,675	2,676-3,567	3,568-4,458
11	0-967	968-1,933	1,934-2,900	2,901-3,867	3,868-4,833
12	0-1,042	1,043-2,083	2,084-3,125	3,126-4,167	4,168-5,208
13	0-1,117	1,118-2,233	2,234-3,350	3,351-4,467	4,468-5,583
14	0-1,192	1,193-2,383	2,384-3,575	3,576-4,767	4,768-5,958
15	0-1,267	1,268-2,533	2,534-3,800	3,801-5,067	5,068-6,333
16	0-1,342	1,343-2,683	2,684-4,025	4,026-5,367	5,368-6,708
17	0-1,417	1,418-2,833	2,834-4,250	4,251-5,667	5,668-7,083
18	0-1,492	1,493-2,983	2,984-4,475	4,476-5,967	5,968-7,458
19	0-1,567	1,568-3,133	3,134-4,700	4,701-6,267	6,268-7,833
20	0-1,642	1,643-3,283	3,284-4,925	4,926-6,567	6,568-8,208
FUEL TYPE	A	B	C	D	E
1. NATURAL GAS	\$283	\$249	\$227	\$196	\$174
2. TANK PROPANE	\$301	\$268	\$235	\$202	\$169
3. ELECTRIC	\$277	\$246	\$219	\$184	\$153
4. FUEL OIL	\$292	\$256	\$225	\$193	\$162
5. WOOD	\$184	\$164	\$143	\$123	\$103
6. KEROSENE	\$116	\$104	\$91	\$78	\$65
7. CYL. PROPANE	\$138	\$123	\$107	\$91	\$76

CODE SHEET**DENIAL CODES****A**=Excess Income**B**=Income Documentation Not Provided**C**=Supplier Documentation Not Provided**D**=SSN Documentation Not Provided**E**=Customer Account Name Change
Not Completed**F**=Resource Documentation Not Provided**G**=Application Form Not Signed and Returned**H**=Household Management Not Explained For Low/No Income**I**= Permanent Residency Documentation
Not Provided**J**=Excess Resources**K**=Negative Supplier Response (**Central Office Only**)**L**=Not Living In Home At Time of Application**M**=Living In Subsidized Housing and Not
Billed for Heat**N**=Cuts Your Own Wood**O**=Heats with Coal**P**= Roomer, Boarder or Live-In Attendant**Q**= Incarcerated**R**= Not a U. S. Citizen or Permanent
Resident Alien**S**=Landlord Form Not Provided**T**= Other**HEATING SOURCE CODES****1**= Natural Gas**2**= Tank Propane**3**= Electric**4**= Fuel Oil**5**= Wood**6**= Kerosene**7**= Cylinder Propane**RACE CODES****1**=White**2**=Black**3**=Hispanic**4**=Native Amer.**5**=Asian/Pac.**8**=Other**SEX CODES****M**=Male**F**=Female**DIRECT CLIENT PAYMENT CODES****0's**=Non-Participating Energy Supplier**2's**=Cylinder Propane**5's**=Supplier Responded "No" or failed to
return CEL by due date**6's**=Kerosene**7's**=Landlord Situation**8's**=Wood**9's**=Renter Situation**RELATIONSHIP**

Applicant

Spouse

Member

08-09 ELIGIBILITY / PAYROLL SCHEDULE**Customer Eligibility Dates****E1RS Transaction****Enter: Supplier # (Ex. 123456789)****Date (Ex. 09-19-2008)****Supplier Payment Dates****E1SP Transaction****Enter: Supplier # (Ex. 123456789)****Date- (Ex. 10-10-2008)**

09-19-08	10-10-08 (1 st Supplier Payments &
09-26-08	10-10-08 1 st Direct Payments)
10-03-08	10-10-08
10-10-08	10-20-08
10-17-08	10-24-08
10-24-08	10-31-08
10-31-08	11-07-08
11-07-08	11-17-08
11-14-08	11-21-08
11-21-08	12-02-08
11-28-08	12-05-08
12-05-08	12-12-08
12-12-08	12-19-08
12-19-08	12-29-08
12-26-08	01-05-09
01-02-09	01-09-09
01-09-09	01-16-09
01-16-09	01-26-09
01-23-09	01-30-09
01-30-09	02-06-09
02-06-09	02-17-09
02-13-09	02-23-09
02-20-09	02-27-09
02-27-09	03-06-09
03-06-09	03-13-09
03-13-09	03-20-09
03-20-09	03-27-09
03-27-09	04-03-09
04-03-09	04-10-09
04-10-09	04-17-09
04-17-09	04-24-09
04-24-09	05-01-09
05-01-09	05-11-09
05-08-09	05-15-09
05-15-09	05-22-09
05-22-09	05-29-09
05-29-09	06-05-09
06-05-09	06-12-09
06-12-09	06-19-09
06-19-09	06-26-09

Customer Eligibility Listing (CEL)/Payment Procedures Overview

MONDAY – CEL made available electronically on web and to File Transfer Protocol (FTP) suppliers.



TUESDAY – CEL mailed to suppliers that do not utilize the web site or FTP.



MONDAY-FRIDAY – Suppliers determine the response for each applicant and notify FSD through the web process, FTP process or they mail/fax paper reports to FSD for entering. All eligibility listings that are received by FSD 8:00 A.M. Monday through 5:00 P.M. Friday are entered and will update in the system over the weekend. The deadline for FTP eligibility files is noon on Wednesday and Friday.



FRIDAY - Payrolls produced and mailed or sent through direct deposit/Automatic Clearinghouse (ACH) transfers to suppliers.

If CEL's are entered or faxed to the state office in the week they are received, a check will be produced the following Friday after weekend processing, resulting in a two week turnaround for payment.

For some customers, credits, debits and refunds are processed. The supplier should contact FSD if they have any questions about payments or missing payroll checks.

FORMS

INTRODUCTION

Various forms are used in the Low-Income Home Energy Assistance Program (LIHEAP). There are also forms related to obtaining security to access the LIHEAP Energy Assistance Computer System. This section includes both an index and instruction of how to complete these forms.

LIHEAP FORMS

Form Number	Form Name	Location
EA-1	Low Income Home Energy Assistance Program (LIHEAP) Heating and/or Cooling Assistance Application	EA Web Site http://www.dss.mo.gov/fsd/liheap.htm
EA-1B	Information Request	One Form
EA-1E	Energy Assistance Landlord/Renter Documentation Request	One Form
EA-3	Employee Wage Documentation Report	One Form
EA-6	Energy Assistance Eligibility Notice: Eligible Eligible – Natural Gas Customer Ineligible	AFP produced by IT
Denial Letter	Energy Assistance Notice of Denial	FSD Form
EA-7	Energy Assistance Payment Notice	AFP produced by IT
EA-8	Energy Assistance Claims and Restitution	One Form
EA-10	Energy Assistance Check Cancellation Notice	One Form
EA-11	Energy Assistance Check Reissuance Request	One Form
IM-87	Application for State Hearing	FSD Form
IM-214	Affidavit for Replacement Check	FSD Form
IM-215	Affidavit of Forgery	FSD Form

SECURITY FORMS

Form Number	Form Name	Location
	Security Forms Instructions	Word Document
	Access Request	Word Document
	DSS Confidentiality Statement	PDF Document
FA700	Confidentiality Agreement	Word Document
FA701	FAMIS User Request	Word Document
FA702	Request for Access to FAMIS Information	Word Document

LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) HEATING AND/OR COOLING ASSISTANCE APPLICATION (EA-1)

Purpose: To provide a signed application for LIHEAP and a record of the applicant's eligibility statement. *THE FORM MUST BE DATE STAMPED WHEN RECEIVED IN THE AGENCY OFFICE. THIS DATE REPRESENTS THE DATE OF THE APPLICATION.*

Number of Copies: One form will be completed for each EA application and/or reapplication and must be retained in the case file. Once a household has applied and has been approved for EA, it will not be necessary for a new application to be completed for a subsequent ECIP application.

Completion Instructions: The top of page 1 will be pre-printed on FSD generated applications (**Mail-outs**). The applicant will complete the remainder of pages 1 and 2, in addition to signing and dating the application form.

For applications being requested that do not involve a mail-out form, the Agency/County will provide a return address/phone number for the applicant to reference. The form can be mailed, faxed or completed in the office.

Applicant Signature/Date: The form can be signed and dated by any adult household member, legal guardian or power of attorney.

NOTE: Agency staff must not make any changes on the application form. All clarifications must be recorded on the LIHEAP Case Notes (E1CN) screen, which is accessed from the LIHEAP Registration (E1RG) screen.

**PLEASE READ THE ENCLOSED INSTRUCTIONS
CAREFULLY.
ONLY COMPLETE AND SUBMIT ONE APPLICATION.
PLEASE CONTINUE TO PAY YOUR ENERGY BILL.**

DATE STAMP

Address:	Email Address:
City: Zip:	Phone Number:
County:	Cell Phone Number:

Name	Social Security No.	Birth Date	Relationship	Sex (M/F)	Race	US Citizen (yes/no)
			SELF			
			SPOUSE			

COPY OF CURRENT ENERGY BILL(S) MUST BE ATTACHED
IF ACCOUNT IS IN DISCONNECT STATUS INCLUDE SHUT OFF NOTICE

Address: _____

INCOME INFORMATION

If there are persons listed on the first page that are NOT receiving Food Stamps, you must provide income documentation.

Does anyone listed in household have income from a job? (yes/no) _____

If yes, please list information for EACH household member below and attach copies of last month's wage stubs.

NAME	EMPLOYER	DATE EMPLOYED	HOW OFTEN PAID	GROSS PAY

Did any household member pay child support last month to someone outside the home? (yes/no) _____

If yes, how much? \$_____ Child Support Case Number: _____

Does any household member have income from self-employment? (yes/no) _____

If yes, please send a copy of most recent federal income tax forms (Form 1040) for each person with self-employment.

Does any household member listed have unearned income? (yes/no) _____

If yes, please fill out below and attach proof of this income. Attach additional lists if more room is needed.

SOURCE	WHO RECEIVED	AMOUNT	HOW OFTEN PAID
Social Security			
Supp Security Income (SSI)			
TANF Grant, SAB, BP, SP, Foster Care			
Alimony or Child Support Child Support Case Number:			
Unemployment Comp.			
Veterans Benefits			
Pensions			
Railroad Retirement			
Rent-Land/Buildings			
Money from relatives/organizations			
Armed Forces Allotment			
Union Funds/Strike Benefits			
Workers' Compensation or Sick Benefits			
Other, Specify:			

RESOURCE INFORMATION. Complete this section ONLY if household member(s) has one or more of these resources.

TYPE	HOW MUCH	TYPE	HOW MUCH
Checking: Single/Joint Account		Stocks/Bonds and Mutual Funds	
Savings: Single/Joint Account		IRA/KEOUGH and Deferred Compensation Plans	
Certificates of Deposits (CD) Annuities and Money Mkts			

I hereby apply for assistance under the LIHEAP laws of the State of Missouri administered by the Department of Social Services (DSS). I declare that the information I have given is true, correct, and complete to the best of my knowledge. I realize that the information which I have given on this application will be subject to verification by the contracted Community Action Agency (CAA). If any household member declared on my application is currently receiving food stamps, TANF, or child support, I hereby authorize the contracted CAA to use my Family Support Division (FSD) file to document income and resource eligibility for LIHEAP. I hereby authorize the contracted CAA and FSD to release information relating to my application for LIHEAP to my fuel supplier to determine eligibility. I give permission to DSS to use information provided on this form for purposes of research, evaluation, and analysis of the program. I understand that I may be fined, imprisoned, or both under state or federal law if I make false statement(s) on this application in order to get benefits I am not entitled to receive.

SIGNATURE ►	DATE ►
-------------	--------

RETURN THE COMPLETED/SIGNED APPLICATION WITH ATTACHMENTS TO THE ADDRESS LISTED ON FRONT OF APPLICATION. PLEASE BE SURE YOU HAVE READ THE ENCLOSED INSTRUCTIONS CAREFULLY BEFORE MAILING.

HOW TO APPLY AND WHAT TO SEND WITH YOUR APPLICATION

ONLY COMPLETE AND SUBMIT ONE APPLICATION

1. Sign and date the application. This is required in order to process your application.
2. Answer every question on the application. Leaving things blank will cause a delay.
3. Include a copy of your last energy bill for the MAIN fuel you use to heat your home. The supplier's name and your account number are necessary for processing.

IF YOU HAVE A DISCONNECT NOTICE, INCLUDE IT: You should also provide any disconnect notice for OTHER fuel you use as back up to your main heat source (space heaters, electricity to make your heater work, etc.). You may be able to get assistance for your OTHER fuel source to avoid being shut off.

4. Provide **copies** of Social Security cards or other verification of Social Security numbers. If you applied last year for energy assistance, or if you are receiving assistance from the Family Support Division, you do not need to provide this information.
5. Provide proof of last month's income for every person living in your home (wage stubs, grant letters or assistance award letters, Social Security award letters, etc.).
 - If you are receiving Food Stamps or TANF, you **DO NOT** need to provide this information. If someone listed in the household is **NOT** on your Food Stamp case, then you will need to send proof of income.
 - If you receive child support, please provide your case number to allow the agency to get the information on that income.
6. Mail the completed application, energy bill and proof of income to the Community Action Agency (CAA) serving your county as soon as possible. Reference the website below to locate the agency serving your county.
 - The sooner the agency receives your application, the sooner it can be processed to determine the amount of your payment, and the payment made.
7. Keep paying your energy bill as you normally would to avoid being shut off or non-delivery of fuel.
 - You will get a letter telling you of the amount of payment that will be sent to your energy supplier or to you if your supplier does not participate, or you heat with wood.
8. If the head of household and/or spouse are over 60 and/or disabled, this application can be sent beginning October 1, 2008. All other applications will be accepted November 1, 2008.
9. If you have any questions or need help in completing this application, call the CAA serving your county. CAA information can be found at <http://communityaction.org/CAAServiceAreas.htm>.

FINAL CHECKLIST

- ☐ **ANSWERED ALL QUESTIONS AND LISTED ALL HOUSEHOLD MEMBERS ON APPLICATION**
- ☐ **SIGNED AND DATED THE APPLICATION**
- ☐ **INCLUDED MY MAIN FUEL BILL**
- ☐ **INCLUDED INCOME DOCUMENTATION FOR MEMBERS NOT RECEIVING FOOD STAMPS**
- ☐ **INCLUDED SHUT OFF NOTICE IF MY ACCOUNT IS IN DISCONNECT STATUS**

INFORMATION REQUEST (EA-1B)

Purpose: To provide notification to Energy Assistance applicants of information they must provide to establish eligibility for heating/cooling assistance.

Number of Copies and Distribution: Two copies, original given or mailed to the applicant, **copy must be filed in the case record.**

Instructions for Completion: This form may be typed or printed in ink.

Date: Enter date the form is given/mailed to the applicant.

Head of Household/Applicant Name: Enter the head of household/applicant's name.

Social Security Number: Enter the head of household/applicant's SSN.

Month-Day-Year: Enter the month, day and year that the requested information is due. This date must be at least 10 days from the date the form is given/mailed to the applicant. If the 10th day falls on a weekend or holiday, the due date must be the next working day.

- I. **Proof of Social Security Number:** Check () the box if Social Security Number documentation is needed on any household member. Specify name(s) of all household members for whom Social Security Number documentation is required.
- II. **Proof Of Age:** Check () the box if age documentation is needed for the head of household/applicant or spouse (readily available documentation sources are listed). (Specify name)
- III. **Proof Of Alien Status:** Check () this box if permanent alien registration status documentation is needed on any household member. [Specify name(s)]
- IV. **Proof Of All Income:** Check () the appropriate box. If employment box is checked, indicate the month and year for which documentation is requested. [Specify name(s)]
- V. **Proof Of All Money Owned:** Check () the appropriate box if resource documentation is needed on any household member. [Specify name(s)]
- VI. **Proof Of Heating Costs:** Check () the appropriate box to indicate if fuel supplier information, account name change or landlord information is needed.
- VIII. **Other (Explain)** This section may be used to request information not identified elsewhere on this form

EA Worker Name/Telephone Number/Hours: Worker requesting information must sign the form, enter their telephone number and office hours.

Community Action Agency Office Address: Enter office address to assist the applicant in returning the requested information.



MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION
INFORMATION REQUEST

DATE

HEAD OF HOUSEHOLD

SOCIAL SECURITY NO.

IN ORDER TO PROCESS YOUR APPLICATION FOR ENERGY ASSISTANCE, WE ARE REQUESTING THAT YOU PROVIDE THE INFORMATION CHECKED BELOW. IF YOU FAIL TO PROVIDE ALL OF THE REQUESTED INFORMATION, YOUR APPLICATION WILL BE DENIED. THE INFORMATION MUST BE RETURNED TO THE COMMUNITY ACTION AGENCY NO LATER THAN

MONTH

DAY

YEAR

☐ **I. PROOF OF SOCIAL SECURITY NUMBER(S)**

FOR: _____
SOCIAL SECURITY CARDS, DRIVERS LICENSE, RECEIPT OF APPLICATION FOR A SOCIAL SECURITY NUMBER FROM THE SOCIAL SECURITY OFFICE.

☐ **II. PROOF OF AGE**

FOR: _____
BIRTH CERTIFICATE, DRIVERS LICENSE, MEDICARE CARD.

☐ **III. PROOF OF ALIEN STATUS**

FOR: _____
PROOF FROM IMMIGRATION & NATURALIZATION SERVICE

☐ **IV. PROOF OF ALL INCOME**

☐ ALL PAY STUBS DATED IN

MONTH

YEAR

OR

A STATEMENT FROM THE EMPLOYER (INCLUDING HOME EMPLOYMENT, SUCH AS BABYSITTING, IRONING, HOUSECLEANING, OR OTHER ODD JOBS.) STATEMENT SHOULD INCLUDE NAME OF EMPLOYER, HOW OFTEN PAID, GROSS PAID AND DATES PAID

FOR: _____

☐ IF YOU FARM OR ARE SELF-EMPLOYED, YOUR LATEST INCOME TAX FORM. (1040)

☐ CURRENT DOCUMENTATION OF SOCIAL SECURITY/SSI BENEFITS
FOR: _____

☐ CHILD SUPPORT/ALIMONY

☐ STATEMENT DOCUMENTING CONTRIBUTIONS FROM PERSONS OUTSIDE OF YOUR HOUSEHOLD WHICH INCLUDE SIGNATURE, ADDRESS AND PHONE NUMBER.

☐ VETERANS BENEFITS

☐ RAILROAD RETIREMENT

☐ ARMED FORCES ALLOTMENT

☐ CURRENT AWARD LETTER/CHECK STUB FROM ANY PRIVATE PENSION

☐ WORKERS' COMPENSATION

☐ RENT RECEIVED FROM RENTAL PROPERTY

☐ OTHER INCOME: _____

☐ **V. PROOF OF ALL MONEY OWNED**

FOR: _____

☐ CERTIFICATES OF DEPOSIT

☐ CURRENT SAVINGS ACCOUNT

☐ CURRENT CHECKING ACCOUNT

☐ GOVERNMENT AND OTHER BONDS

☐ STOCKS/ANNUITIES AND MUTUAL FUNDS

☐ IRA/KEOUGH AND DEFERRED COMPENSATION PLANS

☐ **VI. PROOF OF HEATING COSTS**

☐ CURRENT HEAT BILL/DELIVERY TICKET IN YOUR NAME

☐ CURRENT WRITTEN STATEMENT FROM FUEL SUPPLIER

☐ TERMINATION (SHUT OFF) NOTICE/FINAL BILL

☐ CUSTOMER ACCOUNT NAME CHANGE

☐ NAME/ADDRESS AND PHONE NUMBER OF LANDLORD

☐ CURRENT HEAT BILL IN YOUR NAME WITH ACCOUNT NUMBER FOR NEW ADDRESS

☐ **VIII. OTHER (EXPLAIN)**

IMPORTANT

IMPORTANT

IMPORTANT

IF YOU HAVE ANY QUESTIONS ABOUT SECURING THE ABOVE INFORMATION IMMEDIATELY CONTACT:

CASEWORKER

PHONE NUMBER

a.m.

p.m.

FAX NUMBER

RETURN INFORMATION TO THE COMMUNITY ACTION AGENCY,
ADDRESS:

ENERGY ASSISTANCE LANDLORD/RENTER DOCUMENTATION REQUEST (EA-1E)

Purpose: Provides a method of obtaining documentation of an applicant's declared "Landlord" or "Renter" status and their fuel type in order to determine eligibility.

Number of Copies and Disposition: Two copies; original must be mailed by the worker to the landlord and a copy will be filed in the case record. A stamped, return envelope must be included when the form is mailed to the landlord.

Instructions for Completion: Typed or printed in ink.

Section I: To be completed by the worker.

County: Enter the county office in which the application is filed.

Worker: Enter Name of worker completing form will be entered.

Date: Enter date the form is completed by the worker.

Applicant Name: Enter the full name of the applicant.

Address: Enter the complete mailing address of applicant.

Landlord's Name, Address/Phone Number: Enter the landlord's name, address and phone number as declared by the applicant. Name and address of the landlord must be secured in order to mail the EA-1E to the landlord.

Section II: Must be completed by the landlord. Each question must be answered in order to determine eligibility for Energy Assistance. No alterations can be made on the form. Any change, alteration or unclear information must be resolved with the landlord and recorded on the LIHEAP Case Notes (E1CN) screen which is accessed from the LIHEAP Registration (E1RG) screen.

NOTE: The application cannot be denied prior to the time frame if an EA-1E is the only information needed to process the application.

Section III: Landlord must sign and date the form.



MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION

ENERGY ASSISTANCE LANDLORD/RENTER DOCUMENTATION REQUEST

SECTION I			
COUNTY	WORKER	DATE	
APPLICANT NAME		SOCIAL SECURITY NO.	
ADDRESS (NUMBER & STREET NAME, CITY, STATE & ZIP CODE)			
THE ABOVE NAMED INDIVIDUAL HAS MADE APPLICATION FOR MISSOURI'S LOW INCOME HOME ENERGY ASSISTANCE PROGRAM. IN ORDER TO DETERMINE ELIGIBILITY AND THE AMOUNT OF BENEFITS TO BE PAID TO THE HOUSEHOLD, IT IS NECESSARY THAT WE HAVE THE INFORMATION REQUESTED BELOW. ENCLOSED IS A STAMPED, RETURN ENVELOPE FOR YOUR USE IN REPLY. PLEASE RETURN WITHIN FIFTEEN (15) DAYS.			
LANDLORD'S NAME			PHONE NO.
ADDRESS			
SECTION II (SECTIONS II AND III MUST BE COMPLETED BY LANDLORD)			
1. IS THE ABOVE INDIVIDUAL LIVING IN THE PROPERTY AT THE ABOVE ADDRESS?			<input type="checkbox"/> YES <input type="checkbox"/> NO
2. DO YOU LIVE IN A SEPARATE HOUSEHOLD FROM YOUR TENANT?			<input type="checkbox"/> YES <input type="checkbox"/> NO
3. DO YOU RECEIVE A SECTION 8 OR RENTAL SUBSIDY ON BEHALF OF THIS TENANT OR FOR THE PROPERTY THIS TENANT LIVES IN?			<input type="checkbox"/> YES <input type="checkbox"/> NO
4. IS THE TOTAL COST OF HOME HEATING NORMALLY INCLUDED IN THE TENANT'S RENTAL PAYMENT? IF YES, HAS THE TENANT MADE ANY EXTRA PAYMENTS FOR HEATING COSTS FOR NOVEMBER THROUGH MARCH DUE TO EXCESS USAGE?			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
5. DOES THE TENANT NORMALLY PAY FOR THEIR TOTAL HEATING COSTS IN A SEPARATE PAYMENT FROM THEIR RENT?			<input type="checkbox"/> YES <input type="checkbox"/> NO
6. WHAT IS THE MONTHLY AMOUNT OF RENT ACTUALLY PAID BY THE TENANT? \$ _____			
7. PLEASE CHECK THE TYPE OF FUEL USED TO HEAT THE PROPERTY:			
<input type="checkbox"/> NATURAL GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> PROPANE <input type="checkbox"/> FUEL OIL <input type="checkbox"/> WOOD <input type="checkbox"/> COAL <input type="checkbox"/> CYLINDER PROPANE			
SECTION III			
I UNDERSTAND THAT THE INFORMATION I HAVE PROVIDED CONCERNING THE ABOVE NAMED APPLICANT WILL BE UTILIZED BY THE COMMUNITY ACTION AGENCY TO ESTABLISH HIS/HER ELIGIBILITY FOR BENEFITS UNDER MISSOURI'S LOW INCOME HOME ENERGY ASSISTANCE PROGRAM.			
I FURTHER ATTEST TO THE FACT THAT THE INFORMATION I HAVE PROVIDED CONCERNING THE ABOVE NAMED APPLICANT IS TRUE, ACCURATE AND COMPLETE AND THAT I MAY BE FINED, IMPRISONED OR BOTH UNDER THE FEDERAL OR STATE LAWS, FOR FALSE STATEMENTS I HAVE MADE TO ENABLE THE ABOVE NAMED APPLICANT TO RECEIVE BENEFITS TO WHICH HE/SHE IS NOT LEGALLY ENTITLED.			
SIGNATURE OF LANDLORD			MONTH DAY YEAR

EMPLOYEE WAGE DOCUMENTATION REPORT (EA-3)

Purpose: To provide a method of securing wage documentation.

Number of Copies and Distribution: Two copies; original must be mailed to the employer and a copy will be filed in the case record. A stamped, return envelope must be included when the form is mailed to the employer.

Completion Instructions: Type or print in ink.

To: Enter the employer name and address.

Date Sent: Enter date the form is mailed to the employer.

Sat. Site: Enter satellite site code number, if applicable.

Worker: Enter worker name.

Section I

Employee Name: Enter the name of employee for whom information is being requested.

Employee Social Security Number: Enter the employee's Social Security Number.

Case Name: Enter the applicant's name.

Section II

Employee Signature: Employee must sign their name to authorize release of wage information to the CAA.

Date: Enter date employee signed the form.

Section III

The worker must enter the month for which wage information is being requested.
The employer will complete the rest of Section III.



MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION
EMPLOYEE WAGE DOCUMENTATION REPORT

TO	EMPLOYER NAME AND ADDRESS			DATE SENT
FROM	COMMUNITY ACTION AGENCY ENERGY ASSISTANCE PROGRAM	COUNTY	SAT. SITE	WORKER NAME

The employee identified below has made application for benefits under Missouri's Low Income Home Energy Assistance Program. In order to determine eligibility for benefits, it is necessary that we document income for this individual. The employee has signed below to authorize release of this information to our agency. Please complete Section III and return to the Community Action Agency in the enclosed return envelope within 10 days. Your assistance and cooperation is appreciated.

SECTION I - EMPLOYEE IDENTIFICATION DATA

EMPLOYEE NAME	EMPLOYEE SOCIAL SECURITY NO.	CASE NAME
---------------	------------------------------	-----------

SECTION II - AUTHORIZATION FOR RELEASE OF INFORMATION

I AUTHORIZE THE RELEASE OF INFORMATION CONCERNING MY WAGE RECORDS TO THE COMMUNITY ACTION AGENCY

EMPLOYEE SIGNATURE	DATE
--------------------	------

SECTION III - EMPLOYEE WAGE INFORMATION

DATE OF EMPLOYMENT ▶		DATE EMPLOYMENT TERMINATED ▶	
-------------------------	--	------------------------------------	--

PAY PERIOD (CHECK ONE)

☐ WEEKLY ☐ BI-WEEKLY ☐ TWICE A MONTH ☐ MONTHLY ☐ OTHER ▶

PLEASE RECORD THE AMOUNT OF GROSS WAGES RECEIVED BY THE EMPLOYEE FOR EACH PAY PERIOD IN THE MONTH OF ▶ _____ 2 ____.

CHECK DATE	GROSS WAGES (INCLUDES TIPS, IF APPROPRIATE)

SIGNATURE OF PERSON GIVING INFORMATION	TITLE	
	COMPANY PHONE NUMBER	DATE

ENERGY ASSISTANCE ELIGIBILITY NOTICE (EA-6)

Purpose: To provide a notice to the applicant advising whether they have been determined eligible or ineligible to receive heating assistance. This form also advises the applicant of their right to a fair hearing if they do not agree with the determination.

This notice is auto generated at the State Data Center once the Community Action Agency (CAA) makes a determination of eligibility/ineligibility for the Low-Income Home Energy Assistance Program (LIHEAP). The EA-6 is mailed from the mail room.

There are three separate forms of this notice based upon the determination of eligibility.

Eligible: Informs the applicant they have been determined eligible for Energy Assistance to pay a portion of their home heating costs under LIHEAP.

Eligible (Natural Gas Customer): Informs the applicant they have been determined eligible for Energy Assistance to pay a portion of their home heating costs under LIHEAP. Additional information is given to instruct the customer whose natural gas is off that they are required to contact their gas company to schedule a utility reconnection.

Ineligible: Informs the applicant their application for benefits under LIHEAP. A reason will display showing the applicant why their application was denied.

OAI
710 EAST MAIN ST.
WEST PLAINS, MO 65775



STATE OF MISSOURI
DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION

FREEMAN JIMMIE L
1506 4TH ST
WEST PLAINS MO 65775

ID #

ENERGY ASSISTANCE ELIGIBILITY NOTICE		Date
Application Date	07/29/08	07/30/2008
Benefit Amount	\$235.00	Fuel Type
Supplier Name	WEST PLAINS PROPANE	PROPANE GAS
Supplier Address	508 LINCOLN	
Supplier City,State,Zip	WEST PLAINS MO 65775	
Eligibility Message: Eligible You are eligible to receive energy assistance to help pay a portion of your home heating costs under Missouri's Low Income Home Energy Assistance Program. The amount of money you have been approved for is shown above by "Benefit Amount". <i>The Department of Social Services is waiting for an approval from the listed supplier in order to make payment on your account. You will receive another notice that indicates the payment has been applied to your account, or your application has been denied. If denied, the second notice will include the reason for the denial.</i> You are expected to continue paying any "Amount Due" on the bill you receive from your utility company. You have the right to request a fair hearing if you do not agree with this decision and you request the hearing within thirty (30) days after the date of this letter. If you request a fair hearing, you may present information yourself or you may be represented by your own attorney. Requests for hearings must be made at the Community Action Agency where you applied for assistance.		

OAI
710 EAST MAIN ST.
WEST PLAINS, MO 65775



STATE OF MISSOURI
DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION

CARLSON MINDY L
100 E MAIN ST
WEST PLAINS MO 65775

ID #

ENERGY ASSISTANCE ELIGIBILITY NOTICE		Date
Application Date	Benefit Amount	Fuel Type
07/21/08	\$227.00	NATURAL GAS
Supplier Name	Supplier Address	
SOUTHERN MISSOURI GAS	COMPANY	P O BOX 847
Supplier City,State,Zip		
MTN GROVE MO 65711		

Eligibility Message: Eligible

You are eligible to receive energy assistance to pay a portion of your home heating costs under Missouri's Low Income Home Energy Assistance Program. The amount of money you have been approved for is shown above by "Benefit Amount". *The Department of Social Services is waiting for an approval from the listed supplier in order to make payment on your account. You will receive another notice that indicates that the payment has been applied to your account, or your application has been denied. If denied, the second notice will include the reason for the denial.*

IF YOUR NATURAL GAS IS OFF, you must call your gas company to schedule a turn-on. If you do not schedule this turn on, the energy assistance payment may not be accepted by your gas company. You are expected to continue paying any "Amount Due" on the bill you receive from your utility company.

You have the right to request a fair hearing if you do not agree with this decision and you request the hearing within thirty (30) days after the date of this letter.

If you request a fair hearing, you may present information yourself or you may be represented by your own attorney.

Requests for hearings must be made at the Community Action Agency where you applied for assistance.

CAASTLC
2709 WOODSON RD./ENERGY
ST. LOUIS, MO 63114



STATE OF MISSOURI
DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION

|||||

PROUG DAISY
1800 WOODSON RD
SAINT LOUIS MO 63114

ID #

ENERGY ASSISTANCE ELIGIBILITY NOTICE		Date
Application Date	07/14/08	07/30/2008
Benefit Amount	\$0.00	
<p>Eligibility Message: Ineligible</p> <p>Your application for benefits under Missouri's Low Income Home Energy Assistance Program has been denied. The reason for this decision is:</p> <p>Total household income exceeds the maximum allowed for your household size.</p> <p>If you have questions about this decision, contact the Community Action Agency office where you applied for assistance. If your application was denied, you may re-apply for assistance prior to March 31, 2009.</p> <p>You have the right to request a fair hearing if you do not agree with this decision and you request the hearing within thirty (30) days after the date of this letter.</p> <p>If you request a fair hearing, you may present information yourself or you may be represented by your own attorney.</p> <p>Requests for hearings must be made at the Community Action Agency where you applied for assistance.</p>		

ENERGY ASSISTANCE NOTICE OF DENIAL

Purpose: To provide a notice to the applicant that their application for benefits under the Missouri Low-Income Home Energy Assistance Program (LIHEAP) has been denied. The reason it is being denied is due to a previous approval for LIHEAP.

Any individual who has been approved for assistance on one LIHEAP application, cannot be approved on another LIHEAP application during the same program year.

This notice is produced by the Community Action Agency (CAA) in the normal course of business.

ENERGY ASSISTANCE NOTICE OF DENIAL

<i>Case Name</i>		<i>Date Mailed</i>	
<i>Address</i>	<i>Street & Number</i>		<i>Social Security #</i>
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Application Date</i>

This is to advise you that your application for benefits under the Missouri Low Income Home Energy Assistance Program has been denied.

The reason for this decision is that

(Name of Applicant)
has already been approved for benefits on

(Date of Approval)
in a previous application for benefits in the household of

(Case Name of Initial Application)

This decision is based on Energy Assistance policy that an individual who has been approved for assistance in one Energy Assistance application cannot be approved in another Energy Assistance application during the same program year.

If you have any questions about this decision, contact your Community Action Agency at the number indicated below.

You have the right to request a hearing concerning this decision if you do not agree with it and you request the hearing within thirty (30) days after the date of this letter. If you request a hearing, you can present information to support your belief that your application was improperly denied or you can be represented by your own attorney. Requests for hearings must be made at the Community Action Agency where you made application for assistance.

Sincerely,

Caseworker

Community Action Agency

Telephone Number

ENERGY ASSISTANCE PAYMENT NOTICE (EA-7)

Purpose: To provide a notice to the applicant that a payment has been made on their behalf. The supplier name and address are included so the applicant can verify the funds were paid to their current energy supplier.

When a direct payment is made to the applicant, the applicant is notified that the check they have received is to be applied as payment of their home heating costs and not for any other purpose.

This notice is auto generated at the State Data Center and is mailed from the mail room.

ENERGY ASSISTANCE PAYMENT NOTICE (EA-7)

ESC
P.O. BOX 207
JOPLIN , MO 64802

STATE OF MISSOURI
DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION

PHELPS LOUIS J
PO BOX 400
GOODMAN MO 64843

ID #: 060-075-50-1650

ENERGY ASSISTANCE PAYMENT NOTICE		Mail Date
Supplier Number	Supplier Name	11/02/04
10020-8-003	MISSOURI GAS ENERGY	
Supplier Address		
520 E 5 TH STREET		
Supplier City, State, Zip		
JOPLIN MO 00000		
<p>On October 29, 2004 a payment of \$237.00 was issued to the above listed home energy supplier on your behalf. This payment represents the total amount of benefits you were approved to receive under Missouri's Low Income Home Energy Assistance Program.</p>		
<p>MESSAGE TO BE PRINTED ON STUBS OF CHECKS FOR DIRECT PAYMENTS:</p> <p>The attached check represents the total amount of benefits that you were approved to receive under Missouri's Low-Income Home Energy Assistance Program. This money is to be used for payment of your home heating costs and not for any other purpose.</p>		

EA7 (05-04)

ENERGY ASSISTANCE CLAIMS AND RESTITUTION (EA-8)

Purpose: To establish liability for the loss of funds to the Energy Assistance Program due to overpayment of benefits.

Number Of Copies: Two copies; original will be sent to the Energy Assistance Central Office Unit and the copy will be maintained in the case record.

Instructions for Completion: Typed or printed in ink.

Date: Enter the date the form is completed and submitted to Central Office.

County Office: Enter the name of the county office initiating the claim.

Name Of Person Making Referral: Enter the name of the worker initiating the claim.

Head Of Household (Applicant) /Payment Information Section:

HOH/Applicant Name: Enter the applicant's name.

Race/Sex: Enter the race/sex for the applicant.

Birth Date: Enter the applicant's birth date.

SSN: Enter the applicant's Social Security Number.

Address: Enter the household's most current address.

Phone Number: Enter the household's phone number as indicated on the EA-1.

EA Payment Amount: Enter the amount of benefits paid to the household. Amount will appear on E1PY or E1RG terminal screen.

Correct Payment Amount: Enter the amount of benefits that the household was actually entitled to receive.

Overpayment Amount: Enter the difference between the EA PAYMENT AMOUNT and CORRECT PAYMENT AMOUNT. Enter the total EA payment if the household was totally ineligible.

Check Date: Enter the check date from the E1PY or E1RG terminal screen.

Check Number: For direct client payments enter the check number as it appears on the E1PY or E1RG terminal screen. For supplier payments, leave blank since no check number will appear.

Reason for Claim Section: Check the appropriate code number (1 through 7) that explains the reason for overpayment.



DATE _____

08/08/2008

COUNTY OFFICE

NAME OF PERSON MAKING REFERRAL

FAMILY SUPPORT DIVISION
P.O. BOX 2320
JEFFERSON CITY, MISSOURI 65102-2320
ATTN: ENERGY ASSISTANCE UNIT

HEAD OF HOUSEHOLD/PAYMENT INFORMATION

HOH NAME

RACE

SEX

BIRTHDATE

SSN

ADDRESS (STREET NUMBER & NAME, CITY, STATE, ZIP CODE)

PHONE NUMBER

EA PAYMENT AMOUNT	
-------------------	--

CORRECT PAYMENT AMOUNT

OVERPAYMENT AMOUNT	
--------------------	--

CHECK DATE

CHECK NUMBER

\$

\$

\$

REASON FOR CLAIM

- ☐ 1. UNREPORTED INCOME; SPECIFY INCOME SOURCE: _____
- ☐ 2. UNREPORTED RESOURCES
- ☐ 3. INCORRECT REPORTING OF HOUSEHOLD SIZE; REPORTED HOUSEHOLD SIZE _____
ACTUAL HOUSEHOLD SIZE _____
- ☐ 4. INCORRECT REPORTING OF FUEL SOURCE
- ☐ 5. DUPLICATE APPLICATION FILED BY ONE OR MORE HOUSEHOLD MEMBERS
- ☐ 6. AGENCY ERROR (SPECIFY) ► _____

- ☐ 7. OTHER (SPECIFY) ► _____

COMMENTS:

ENERGY ASSISTANCE CHECK CANCELLATION NOTICE (EA-10)

Purpose: To provide notification to Central Office that an Energy Assistance check has been cancelled.

Number of Copies: Two copies; original will be sent to the Energy Assistance Unit and a copy will be filed in the case record.

Instructions for Completion: Typed or printed in ink.

County: Enter the name of the county advising of the check cancellation.

Date: Enter the date the form is completed and submitted to Central Office.

Cancellation Reasons: Check the box that explains why the check is being cancelled.



MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION

ENERGY ASSISTANCE CHECK CANCELLATION NOTICE

COUNTY	DATE	FROM: FAMILY SUPPORT DIVISION ENERGY ASSISTANCE UNIT P.O. BOX 88 JEFFERSON CITY, MO 65103
--------	------	--

ATTACHED ARE COPIES OF ENERGY ASSISTANCE CHECKS WHICH HAVE BEEN CANCELLED DUE TO THE FOLLOWING REASONS:

- ☐ CHECK(S) UNDELIVERABLE AS ADDRESSED
- ☐ POST OFFICE INDICATES CLIENT DECEASED
- ☐ CHANGE IN BENEFIT LEVEL DUE TO UPDATED INFORMATION RECEIVED IN CENTRAL OFFICE
- ☐ DUPLICATE APPLICATION
- ☐ OTHER (SPECIFY) _____

AN EA-11 FORM AND ECHG SCREEN COPY **MUST BE SUBMITTED TO CENTRAL OFFICE IN ORDER FOR A CHECK(S) TO BE REISSUED.**

ENERGY ASSISTANCE CHECK REISSUANCE REQUEST (EA-11)

Purpose: To provide notification to Central Office that a cancelled Energy Assistance check is to be reissued.

Number of Copies: Two copies; original will be sent to the Energy Assistance Unit and a copy will be filed in the case record.

Instructions for Completion: Typed or printed in ink.

County: Enter the name of the county requesting the check reissuance.

Date: Enter the date the form is completed and submitted to Central Office.

HOH/Applicant Name: Enter the head of household/applicant's name.

Social Security Number: Enter Social Security Number of head of household/applicant.

Check Number: Enter check number of prior Energy Assistance check that was cancelled. This can be located on the E1PY screen.

Date: Enter the date of the cancelled Energy Assistance check.

Amount: Enter the amount of the cancelled Energy Assistance check.
An ECHG screen copy is attached to this form indicating a change in the following:

Check the appropriate box.

EA Coordinator Signature: Supervisor will sign this form.



MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION

ENERGY ASSISTANCE CHECK REISSUANCE REQUEST

COUNTY	DATE	TO: FAMILY SUPPORT DIVISION ENERGY ASSISTANCE UNIT P.O. BOX 88 JEFFERSON CITY, MO 65103
H.O.H. NAME		
SOCIAL SECURITY NUMBER		

☐ THE ENERGY ASSISTANCE CHECK IDENTIFIED BELOW HAS BEEN REPORTED AS BEING CANCELLED, RE-ISSUANCE OF THIS CHECK IS BEING REQUESTED.

CHECK NUMBER	DATE	AMOUNT
--------------	------	--------

AN ECHG SCREEN COPY IS ATTACHED TO THIS FORM INDICATING A CHANGE IN THE FOLLOWING:

- ☐ CHANGE OF ADDRESS
- ☐ NAME OF HEAD OF HOUSEHOLD
- ☐ CHANGE IN BENEFIT LEVEL DUE TO CORRECTION IN ELIGIBILITY CRITERIA
- ☐ OTHER (SPECIFY) ► _____

SIGNED ►

EA COORDINATOR SIGNATURE

APPLICATION FOR STATE HEARING (IM-87)

Purpose: To provide a method of applying for a State Administrative Hearing. This form is to be used by the household or its authorized representative, friend, relative or legal representative who is dissatisfied with a decision made on the Energy Assistance case. This document is also used by other Divisions within the Department of Social Services.

Number of Copies and Distribution: This form may be completed by the household, its representative, or by staff for the applicant/representative. Hearing requests must be processed and sent to the County FSD office within one day of the hearing request receipt date.

Four copies are necessary: original copy for the Hearings Officer, one copy for the Office of the General Counsel, one copy for the Agency Witness and another copy for the case record. A copy of the written notice to the claimant of the action being taken must be attached including one copy of the budget or worksheet.

Instructions for Completion: Staff completes the gray areas and the white areas are completed with the claimant's statements.

Category Being Appealed: Check the box titled "EA".

DWD: N/A

Sanctioned Individual: N/A

SSN of Sanctioned Individual: Enter the applicant's SSN in this field.

Case Name: Enter the applicant's name.

Case DCN: Enter the Departmental Client Number (DCN) of the applicant.

Supercase Number: N/A

County: Enter the county in which the applicant resides.

Claimant is Appealing: Check the box titled "Other".

Date of Action Notice for which Hearing is Requested: Enter the date of the denial letter.

Date Hearing Requested: Enter the date applicant requested the hearing.

Reason for Planned Action or Decision By Agency: Enter a brief statement of the proposed action by the Agency or the action already taken by the Agency and the basis for this action.

1. Name of Person Requesting Hearing: Enter the applicants' first name, middle name/initial and last name.

2. Phone Number: Enter the applicant's telephone number.

3. Mailing Address: Enter the applicant's complete mailing address.

4. State Plainly the Reason for the Hearing Request: Enter the applicant's or representative's statement as to why she/he wants a hearing. If the request is by fax or mail, submit a copy of the written request with the IM-87.

5. Food Stamp and Income Maintenance (IM) (CASH/MO HEALTHNET) Recipients:
N/A

6. Claimant's (Applicant's) Representative: If applicable, enter the applicant's representative or attorney.

7. Telephone Number: If applicable, enter the telephone number of the applicant's representative.

8. Address: If applicable, enter the complete address of the applicant's representative.

9. Claimant's (Applicant's) Signature (or Representative's Signature): The applicant or his/her representative signs the form. If the applicant or his/her representative is not present, leave the field blank. The Hearing Officer may request that the applicant or his/her representative sign the form at the hearing.

10. Date: Enter the date the applicant or his/her representative signs the request.

Date Food Stamp Hearing Request Faxed to Hearings Unit: N/A

Date Hearing Request Mailed to Hearings Unit: Enter the date the IM-87 is mailed to the Hearings Unit.

Follow-Up Documents for Hearings Unit: Check either "yes" or "no" to indicate if follow-up documents are being sent to the Hearings Unit.

Date Follow-Up Documents Mailed: The County IM office will enter this date.

Signature of Eligibility Specialist (CAA representative): The CAA representative signs the form.

Signature of Supervisor: The supervisor reviews the information and signs the form.

Date IM-87 Received by Hearings Unit: The Hearings Unit completes this section with the date the form is received.



MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION
APPLICATION FOR STATE HEARING

CATEGORY BEING APPEALED					
<input type="checkbox"/> BCCT <input type="checkbox"/> BP <input type="checkbox"/> CC <input type="checkbox"/> CCP	<input type="checkbox"/> EA <input type="checkbox"/> EMCIA <input type="checkbox"/> FS <input type="checkbox"/> MA	<input type="checkbox"/> MACC <input type="checkbox"/> MADC <input type="checkbox"/> MAF <input type="checkbox"/> MA-VEN	<input type="checkbox"/> MC+ <input type="checkbox"/> MPW <input type="checkbox"/> PE <input type="checkbox"/> QDWI	<input type="checkbox"/> QMB <input type="checkbox"/> SLMB <input type="checkbox"/> SNC <input type="checkbox"/> SP	<input type="checkbox"/> SSI <input type="checkbox"/> SSI-SP <input type="checkbox"/> SUPP AB <input type="checkbox"/> TEMP ASSIST
DWD <input type="checkbox"/> Yes <input type="checkbox"/> No		SANCTIONED INDIVIDUAL		SSN OF SANCTIONED INDIVIDUAL	
CASE NAME		AUTHORIZED REPRESENTATIVE			
CASE DCN		SUPERCASE NUMBER		COUNTY	
CLAIMANT IS APPEALING (CHECK ONE) <input type="checkbox"/> REJECTION <input type="checkbox"/> AMOUNT GRANT/ISSUANCE <input type="checkbox"/> CLOSING <input type="checkbox"/> DELAY <input type="checkbox"/> OTHER			DATE OF ACTION NOTICE FOR WHICH HEARING IS REQUESTED		DATE HEARING REQUESTED
REASON FOR PLANNED ACTION OR DECISION BY AGENCY					
1. NAME OF PERSON REQUESTING HEARING			2. PHONE NUMBER		
3. MAILING ADDRESS (STREET, RURAL ROUTE, OR P O BOX, CITY, STATE, ZIP CODE)					
STATE OF MISSOURI, I hereby make application for a hearing provided by state law or department regulations.					
4. STATE PLAINLY THE REASON FOR THE HEARING REQUEST					
5. FOOD STAMP AND INCOME MAINTENANCE (IM) (CASH/HEALTHCARE) RECIPIENTS: If you are still certified for food stamps or are receiving Income Maintenance (cash/healthcare), you may choose to continue receiving benefits while your hearing is pending. If the hearing decision shows that the plan to reduce your benefits or close your case was correct, you or your household will be responsible for repaying the amount of benefits you received and were not entitled to receive while your hearing was pending. If you elect to discontinue receiving benefits while your hearing is pending and the hearing decision is ruled in your favor, these lost benefits will be restored to you. If you are requesting a food stamp hearing, check one of these boxes: <input type="checkbox"/> I wish to continue receiving food stamps while my hearing is pending. <input type="checkbox"/> I do not wish to continue receiving food stamps while my hearing is pending. If you are requesting a Temporary Assistance and/or Medical Assistance hearing, check one of these boxes: <input type="checkbox"/> I wish to continue receiving Temporary Assistance and/or Medical Assistance while my hearing is pending. <input type="checkbox"/> I do not wish to continue receiving Temporary Assistance and/or Medical Assistance while my hearing is pending.					
6. CLAIMANT'S REPRESENTATIVE: NAME				7. TELEPHONE NUMBER	
8. ADDRESS					
9. CLAIMANT'S SIGNATURE				10. DATE	
DATE FOOD STAMP HEARING REQUEST FAXED TO HEARINGS UNIT		DATE HEARING REQUEST MAILED TO HEARINGS UNIT		FOLLOW-UP DOCUMENTS FOR HEARINGS UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SIGNATURE OF ELIGIBILITY SPECIALIST		DATE IM-87 RECEIVED BY HEARINGS UNIT			
SIGNATURE OF SUPERVISOR					

AFFIDAVIT FOR REPLACEMENT CHECK (IM-214)

Purpose: For the applicant to provide a sworn statement of loss, destruction or non-receipt of a check. The check must be outstanding when a claim is made.

Number of Copies and Distribution: Two copies; original will be sent to Central Office and a copy will be filed in the case record. The affidavit should be mailed on or before the next business day after it is completed.

Instructions for Completion: This form may be typed or printed in ink. It is important to use extreme care to ensure all information is accurate.

Claimant (Applicant) Name: Enter the applicant's name.

County: Enter the county the applicant lives in.

Date of Check: Enter the date of the check. This information can be located on the LIHEAP Registration (E1RG) or the LIHEAP Payment (E1PY) screen.

Check Number: Enter the check number. This information can be located on the LIHEAP Registration (E1RG) or the LIHEAP Payment (E1PY) screen.

Amount of Check: Enter the amount of the Energy Assistance check. This information can be located on the LIHEAP Registration (E1RG) or the LIHEAP Payment (E1PY) screen.

Name or Names on Check Payable To: Enter the name on the check. This would be the person identified as the account holder on the LIHEAP Member (E1MM) Screen.

Statement: Check the box that applies to indicate why the check is being reported as not received.

Signature/Address: The claimant (Applicant) must sign their full name and enter their current home address. **NOTE:** This must be signed in the presence of a notary.

DCN: The claimant (Applicant) should enter their DCN. If this is not known, the Community Action Agency Staff Member may provide this information.

The remainder of the document is completed by the notary.

Mail the Affidavit for Replacement Check to:

Family Support Division
Attention: LIHEAP/CSBG Unit
615 Howerton Court
P.O. Box 2320
Jefferson City, MO 65102-2320



STATE OF MISSOURI
DEPARTMENT OF SOCIAL SERVICES
AFFIDAVIT FOR REPLACEMENT CHECK

CLAIMANT NAME		COUNTY
DATE OF CHECK	CHECK NUMBER	AMOUNT OF CHECK

NAME OR NAMES ON CHECK (PAYABLE TO)

I, the above named claimant, state the following:

The check identified above has: (mark one)


- ☐ never been received;
☐ been destroyed;
☐ been received, but was lost;
☐ other _____

In addition, I state I have never received the dollar amount of the check or any portion of it either directly or indirectly.

Further, I know that it is a violation of the criminal law of the State of Missouri to knowingly make a false affidavit for the purpose of procuring a replacement check for a lost or destroyed check or to negotiate the original state check for which I have caused a replacement check to be issued.

Further, I state that if a replacement check is issued to replace the lost original state check and the original check is then found, the original check will be mailed directly to the Office of the Treasurer of the State of Missouri.

Replacement checks will be mailed to the originating office.

MUST BE SIGNED IN PRESENCE OF NOTARY	CLAIMANT SIGNATURE	DCN NO. OR DVN NO.
		

ADDRESS (STREET, CITY, STATE, ZIP)

NOTARY PUBLIC EMBOSSEY OR BLACK INK RUBBER STAMP SEAL	STATE		COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS		USE RUBBER STAMP IN CLEAR AREA BELOW.
	DAY OF	YEAR	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		

PLEASE READ THIS INFORMATION CAREFULLY

WHEN TO USE THE AFFIDAVIT FOR REPLACEMENT CHECK (IM-214)

Use this form when a check is reported as lost, stolen, destroyed, or not received. Before completing this affidavit, the county is **REQUIRED** to call the Division of Budget and Finance to check the status of the check. (The DBF phone number is 573-526-1811.)

The only time a stop payment should be placed on a check is when the client is eligible for the check and the county is going to follow up with an IM-214 for replacement.

A stop payment is required to be in place before the affidavit is completed or the affidavit will be voided.

Use extreme care to accurately complete the affidavit. Complete the form in ink or type. Mail or send by fax to the Division of Budget and Finance on or before the next business day after the affidavit has been notarized. (The DBF fax number is 573-526-6047.) If notarized with a raised seal, **DO NOT FAX**. Mail the original affidavit to DBF. Keep copies in the case record.

COMPLETION INSTRUCTIONS – ALL FIELDS ARE REQUIRED

CLAIMANT NAME – Name of client requesting replacement

COUNTY – Requesting county

DATE OF CHECK – Enter month, day, and year the check was issued

CHECK NUMBER – Enter check number in its entirety; 1 alpha character and 8 numerical digits. Example: K01234567

AMOUNT OF CHECK – Enter dollar amount of the check

NAME OR NAMES ON CHECK (PAYABLE TO) – Enter name or names the check was payable to

CLAIMANT SIGNATURE – Client signs the form while in the presence of the notary public or the DSS employee who is taking the claimant's statement. If the check is payable to more than one claimant, both parties will need to sign.

DCN NO. OR DVN NO. – Enter client's IM case number or provider's vendor number

ADDRESS – Enter client's current address

NOTARY INFORMATION REQUIRED

IF THE AFFIDAVIT IS SIGNED IN THE PRESENCE OF A NOTARY PUBLIC, the notary will complete this section.

IF THE AFFIDAVIT IS SIGNED IN THE PRESENCE OF AN EMPLOYEE, the employee needs to complete the following:

STATE – Enter state name

COUNTY – Enter county name (or City of St. Louis)

SUBSCRIBED AND SWORN BEFORE ME – Enter date client signs the affidavit

NOTARY PUBLIC SIGNATURE – Line through the word "PUBLIC" and sign in space

NOTARY PUBLIC NAME – Line through the word "PUBLIC" and print name in space

NOTARY PUBLIC EMBOSSEY OR BLACK INK RUBBER STAMP SEAL – Line through the word "PUBLIC" and stamp with authorized stamp. The authorized DSS stamp states the following: "As provided in Section 207.020, RSMo, subscribed and sworn before me by the payee of this check under the authority of the Division of Family Services."

DO NOT imprint the stamp in the block labeled "USE RUBBER STAMP IN CLEAR AREA BELOW" in the lower right hand corner. This space is for the notary public's use.

AFFIDAVIT OF FORGERY (IM-215)

Purpose: For the applicant to provide a sworn statement that the signature on the Energy Assistance check is a forgery. If, after viewing a copy of the cashed check, the applicant claims the signature was forged, this affidavit should be completed.

Number of Copies and Distribution: Two copies; original will be sent to Central Office and a copy will be filed in the case record. The affidavit should be mailed on or before the next business day after it is completed.

Instructions for Completion: This form may be typed or printed in ink. It is important to use extreme care to ensure all information is accurate.

NOTE: This affidavit must not contain any erasures or typographical errors.

Claimant (Applicant) Name: Enter the applicant's name.

County: Enter the county the applicant lives in.

Date of Check: Enter the date of the check. The date should include the month, day and year of the check. This information can be located on the LIHEAP Registration (E1RG) or the LIHEAP Payment (E1PY) screen.

Check Number: Enter the check number. This information can be located on the LIHEAP Registration (E1RG) or the LIHEAP Payment (E1PY) screen.

Amount of Check: Enter the amount of the Energy Assistance check. This information can be located on the LIHEAP Registration (E1RG) or the LIHEAP Payment (E1PY) screen.

Name or Names on Check Payable To: Enter the name on the check. This would be the person identified as the account holder on the LIHEAP Member (E1MM) screen.

Signature/Address: The claimant (Applicant) must sign their full name and enter their current home address. **NOTE:** This must be signed in the presence of a notary.

DCN: The claimant (Applicant) should enter their DCN. If this is not known, the Community Action Agency Staff Member may provide this information.

Caseworker Name/Telephone Number: Enter the name and phone number of the Community Action Agency staff person that is assisting the claimant (applicant).


The remainder of the document is completed by the notary.

Mail the Affidavit for Replacement Check to:

Family Support Division
Attention: LIHEAP/CSBG Unit
615 Howerton Court
P.O. Box 2320
Jefferson City, MO 65102-2320



STATE OF MISSOURI
DEPARTMENT OF SOCIAL SERVICES
AFFIDAVIT OF FORGERY

CLAIMANT NAME		COUNTY
DATE OF CHECK (MONTH, DAY, YEAR)	CHECK NUMBER	AMOUNT OF CHECK \$
NAME OR NAMES ON CHECK (PAYABLE TO)		
<p>I, the claimant named above, declare that I have examined the endorsement on the check specified above (copy attached) and state that I did not write this endorsement, authorize or procure it to be written, nor do I know the person who forged the endorsement. I further declare that I did not receive the dollar amount of the check or any portion of it, either directly or indirectly.</p>		
MUST BE SIGNED IN PRESENCE OF NOTARY	CLAIMANT SIGNATURE 	
ADDRESS (STREET, P.O. BOX, CITY, STATE, ZIP CODE)		
CLAIMANT SIGNATURE	CLAIMANT SIGNATURE	
CLAIMANT SIGNATURE	CLAIMANT SIGNATURE	
CLAIMANT SIGNATURE	CLAIMANT SIGNATURE	
<p>Forgery replacement checks will be mailed to the originating office.</p>		
DCN NO. OR DVN NO.	CASEWORKER NAME	CASEWORKER TELEPHONE NUMBER
NOTARY PUBLIC EMBOSSEY OR BLACK INK RUBBER STAMP SEAL	STATE OF	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	
USE RUBBER STAMP IN CLEAR AREA BELOW.		

PLEASE READ THIS INFORMATION CAREFULLY

WHEN TO USE THE AFFIDAVIT OF FORGERY (IM-215)

The Affidavit of Forgery is a sworn statement by the payee that the signature on the check is a forgery. It is required by the Division of Budget and Finance that the client view a photostat copy of the cashed check before an IM-215 is completed. Use this form if after viewing the check copy, the client claims her/his signature was forged and nor do they know the person who forged the endorsement.

Complete the form in ink or type. Send the original affidavit to the Division of Budget and Finance on or before the next business day after the form is completed. DBF requires the original IM-215 to process forgery affidavits.

COMPLETION INSTRUCTIONS – ALL FIELDS ARE REQUIRED

Use extreme care to accurately complete this form. Erasures or typographical errors WILL NOT be allowed. The affidavit will be sent back "VOIDED."

CLAIMANT NAME – Name of client requesting forgery

COUNTY – County generating the IM-215

DATE OF CHECK – Enter month, day, and year the check was issued

CHECK NUMBER – Enter check number in its entirety; 1 alpha character and 8 numerical digits. Example: K01234567

AMOUNT OF CHECK – Enter dollar amount of the check

NAME OR NAMES ON CHECK (PAYABLE TO) – Enter name or names the check was payable to

CLAIMANT SIGNATURE – Client/clients (all the parties for whom the check is made payable to) are required to sign on the signature line and the six additional signature lines while in the presence of the notary public or the DSS employee who is taking the claimant's statement.

ADDRESS – Enter claimant's current address

DCN NO. OR DVN NO. – Enter claimant's IM case number or provider's vendor number

CASEWORKER NAME – Enter caseworker's name

CASEWORKER TELEPHONE NUMBER – Enter case worker's telephone number

NOTARY INFORMATION REQUIRED

IF THE AFFIDAVIT IS SIGNED IN THE PRESENCE OF A NOTARY PUBLIC, the notary will complete this section.

IF THE AFFIDAVIT IS SIGNED IN THE PRESENCE OF AN EMPLOYEE, the employee needs to complete the following:

STATE – Enter state name

COUNTY – Enter county name (or City of St. Louis)

SUBSCRIBED AND SWORN BEFORE ME – Enter date client signs the affidavit

NOTARY PUBLIC SIGNATURE – Line through the word "PUBLIC" and sign in space

NOTARY PUBLIC NAME – Line through the word "PUBLIC" and print name in space

NOTARY PUBLIC EMBOSSEY OR BLACK INK RUBBER STAMP SEAL – Line through the word "PUBLIC" and stamp with authorized stamp. The authorized DSS stamp states the following: "As provided in Section 207.020, RSMo, subscribed and sworn before me by the payee of this check under the authority of the Division of Family Services."

DO NOT imprint the stamp in the block labeled "USE RUBBER STAMP IN CLEAR AREA BELOW" in the lower right hand corner. This space is for the notary public's use.

INSTRUCTIONS FOR CAA COMPLETION OF EA SYSTEM SECURITY FORMS**ACCESS REQUEST FORM**

This form is completed to request access to the Department of Social Services System.

I. Identifying Information Section:

Located in the upper right hand corner of the form enter your Social Security Number and User ID if you were ever assigned one in the past. Enter your Name, Contract Worker – Yes and the Name of the Contracting Agency. Leave Department, Division, County Name, FIPS Number and Section/Unit blank. Complete the boxes for your work address including City, State, ZIP Code, Work Telephone Number and Job Title.

II. Action Section:

Under Action Requested place a check next to the ADD USER ID field. Check either the ADD ACCESS or DELETE ACCESS field to indicate action requested. Effective Date of Action, Change Identifying Information, Previous and New fields should remain blank.

III. Access Section:

There Are four (4) types of security access available to users. These 4 types are:

Inquire; allows access to the EA System, but user can only view case information.
Update; allows access to the EA System and user can perform add and update functions.
Management; allows access to the EA System, add/update functions and allows additional changes to be made on the EA System by management only.
DCN; each agency may designate three (3) staff members who can add Departmental Client Numbers (DCN's) to the Department of Social Services (DSS) common area.

Indicate in the Access Section which type of security access you are requesting for the user.

IV. Confidentiality Section:

Sign and Date the Requestor (Signature) Line.

Have Designated Supervisor sign and date Supervisor/Security Coordinator line.

DSS CONFIDENTIALITY & INFORMATION SECURITY AGREEMENT

The individual reads the Confidentiality and Information Security Agreement. If the individual understands the terms and conditions, they should print their name, sign their name, enter their Social Security Number and date the document.

FORM FA 700

The individual reads the Confidentiality Agreement and the legal information. The individual will print their name, sign their name, enter their Social Security Number and enter the date on each page of this two-page document.

FORM FA 701**Action Requested:**

Enter an "X" in the box to the left of Add a New User.

Employee or Requestor Information:

Number 1: Print the individual's name and enter the individual's Social Security Number.

Number 2: Place an "X" in the box to the left of Contractor/Volunteer.

Number 3 and 4: Leave blank.

Number 5: Enter the name and address of the office where the individual works.

Number 6: Enter the phone and fax number where the individual works.

Number 7: Enter the name of the Community Action Agency.

Number 8: The individual signs, enters their job title and date.

FORM FA 702**Name of Requester:**

Print the name of the individual requesting access to FAMIS.

Profile:

Place an "X" in the box under the column labeled A to the left of the line with EAW.

Signature (person requesting access):

The individual requesting access reads the agreement. The individual will sign their name, enter their title, Social Security Number, and the date.

Supervisor:

The designated supervisor signs in the area and enters the date.

Mail all the original security forms to:

Family Support Division
Attention: LIHEAP/CSBG Unit
615 Howerton Court
P.O. Box 2320
Jefferson City MO 65102-2320

A photocopy of this form should be retained by the CAA and by the individual employee.

NOTE: To expedite security access, fax a copy of the required forms to Central Office, ATTN: LIHEAP Unit. The fax number is (573) 522-9557. Original documents must still be mailed to Central Office.

NOTE: To delete access, no paperwork is required. Verbal or email requests are acceptable.



STATE OF MISSOURI
DEPARTMENT OF SOCIAL SERVICES
ACCESS REQUEST

I. IDENTIFYING INFORMATION SECTION

SOCIAL SECURITY NUMBER

USER ID

NAME (LAST, FIRST, MI)

CONTRACT WORKER
____ YES ____ NO

CONTRACTING AGENCY'S NAME

DEPARTMENT

DIVISION

COUNTY NAME

FIPS NUMBER

SECTION/UNIT

WORK ADDRESS

CITY

STATE

ZIP CODE

WORK TELEPHONE NUMBER

JOB TITLE

II. ACTION SECTION

ACTION REQUESTED

____ ADD USER ID

____ ADD ADDITIONAL USER ID

____ DELETE ACCESS

____ ADD ACCESS

____ REPLACE ACCESS

____ DELETE USER ID

EFFECTIVE DATE OF ACTION (MONTH/DAY/YEAR)

CHANGE IDENTIFYING INFORMATION

PREVIOUS

NEW

III. ACCESS SECTION

E-MAIL

DO YOU ALSO NEED AN INTERNET MAIL ID?

____ YES ____ NO

COMMENTS:

IV. CONFIDENTIALITY/SIGNATURE SECTION

I, the undersigned, an employee or authorized contract representative of the State of Missouri, understand that approval and assignment of the requested ID or approval of the requested change enables me to access the resources, which by law, must be utilized only in the performance of my assigned duties. Therefore, I agree to make no inquiries or updates except in the performance of my official duties. I understand that state and federal statutes require confidentiality of information and provide penalties for unauthorized access, use, and/or disclosure of information. Violation or disclosures on my part may result in disciplinary action that may include one or all of the following: (1) suspension, (2) civil court action, and (3) dismissal. I agree to keep confidential all information made available to me in the performance of my official duties. In addition, I agree not to divulge or share my password with anyone.

REQUESTOR (SIGNATURE)

DATE

SUPERVISOR/SECURITY COORDINATOR (SIGNATURE)

DATE

DIVISIONAL SECURITY OFFICER(S) (SIGNATURE)

DATE

DSS Confidentiality & Information Security Agreement

This agreement applies to all Department of Social Services (DSS) workforce members including DSS employees, volunteers, contract workers, trainees, interns and other persons who are in a DSS facility or access/use DSS information systems in a regular course of business. Examples of information systems include DSS local and statewide communication networks, computers connected to these networks, laptops, Personal Digital Assistants (PDA's), database storage, electronic record systems, internet and e-mail, facsimiles, stand-alone personal computers, mainframe systems, on-line services, computer files, and production systems.

As a DSS workforce member, you may have access to confidential information and records, including information created and/or stored in any information system. You are required to keep confidential all information made available to you in the performance of your duties. You are responsible for assuring confidentiality of such information and releasing information only to authorized agencies or individuals as provided for by law and/or policy. It is your responsibility to check with supervisors/managers if unsure whether particular information is considered confidential.

You are prohibited from accessing or making inquiries or updates to information systems and/or records that are not required in the performance of your duties. For mainframe programs (e.g., child abuse records, client case records), only individuals specifically authorized by DSS may access these systems and use must be limited to work-related activities and inquiries (e.g., it is prohibited for workforce members to access information regarding themselves, friends, relatives or a case that is not in their caseload).

You are responsible for all use associated with your assigned unique user ID and password and care should be taken to protect the confidentiality of such. User IDs and passwords should not be shared with anyone under any circumstances. Use of unauthorized User IDs or passwords to gain access to information systems is prohibited.

Any written, recorded or electronically retrieved or transmitted communications that are harassing, discriminatory, defamatory, offensive, demeaning, insulting, threatening, intimidating, sexual, pornographic, inappropriate, breaching confidentiality, or in violation of copyrights is prohibited. You should immediately report to your supervisor/manager the receipt of any inappropriate, threatening and unsolicited communications, any accidental access to Internet sites, and any unauthorized use of DSS information systems by others.

You **DO NOT** have any personal privacy rights regarding your use of DSS information systems. Your **USE** of DSS information systems indicates that you understand and **CONSENT** to DSS' right to inspect and audit all such use. All DSS information systems and any matter created, received, accessed, stored or transmitted via DSS information systems are the property of DSS. DSS may override any individual password and access, inspect, copy and monitor your use of information systems and technology including all information transmitted by, received from, or stored on such systems any time deemed appropriate, with or without notice to you.

Electronic communications are subject to provisions of the Open Meetings and Records Law. For confidentiality purposes, caution should be used when sending work-related information of a sensitive nature (e.g., personnel matters, performance issues, and discipline issues). Any protected health information that is disclosed should be done so in accordance with the Health Insurance Portability and Accountability Act (HIPAA) provisions and DSS policy.

State and federal statutes and DSS policy require confidentiality of information and records and provide penalties for the unauthorized access, use, release and/or commission of a fraudulent act with regard to such information (refer to page 2). Violations of statutes and DSS policies may result in disciplinary action, up to and including suspension, dismissal and civil or criminal court action.

By signing this Agreement I agree to comply with its terms and conditions. Failure to read this Agreement is not an excuse for violating it. This form will be placed in my official DSS personnel file.

Workforce Member's Name (Please print)

Social Security Number

Workforce Member's Signature

Date

RETURN TO: DSS HUMAN RESOURCE CENTER, PO BOX 1527, JEFFERSON CITY, MO 65102

IMPORTANT NOTICE:

There are many state and federal laws and regulations that safeguard client information. These laws mandate the use and protection of all facts and circumstances of the client when determining his/her eligibility. Regardless of how the information is obtained, whether by collateral, document, computer match, etc., it is to be treated confidentially. Some of the laws and regulations concerning confidentiality and your liability are listed below. This is not an all-inclusive list but just a sample of the laws and their consequences for unauthorized disclosure of confidential information.

Health Insurance Portability and Accountability Act of 1996 (HIPAA) – Protects the privacy of client health information and establishes civil and criminal penalties for violations of this regulation. There is a \$100 civil penalty up to a maximum of \$25,000 per year for each standard violated and a graduated criminal penalty that may escalate to a maximum of \$250,000 for particularly flagrant offenses.

Internal Revenue Code – Section 7213 (A) – Makes the unauthorized disclosure of Federal Tax Returns or return information a felony punishable by a \$5,000 fine, up to five years imprisonment or both, together with the costs of prosecution. Unauthorized disclosure may also result in disciplinary actions, including dismissal by the Department of Social Services.

IRS – Section 7431 permits a taxpayer to bring suit against individual staff for civil and punitive damage in U.S. District Court for willful disclosure or gross negligence. These penalties apply for unauthorized disclosures even after Department of Social Services employment terminates.

IRS – Section 6103 – Prohibits a person from willfully disclosing any return or return information, except as authorized by Title 26 of the United States Code.

IRS – Section 2651(DEFRA) requires that Social Security information from computer matches be treated the same as IRS data (26 U.S.C.6103). The same penalties apply for the unauthorized disclosure of the claimant's circumstances.

The 1997 Taxpayer Browsing Protection Act provides a penalty for the willful, unauthorized access or inspection of federal tax information, both electronic and paper formats. Upon conviction, the criminal misdemeanor penalty is a fine of up to \$1,000 and/or imprisonment up to one year. Civil damages for finding of liability are up to \$1,000 or actual damages whichever is greater. If gross negligence or willful unauthorized inspection of disclosure, punitive damages may be assessed.

Income Maintenance - #42 – Section 431.300-431.307 and 208.120; **#45** – Section 205.50 – Makes the sharing or releasing of Income Maintenance information from the case record, microfiche, terminals or computerized printouts to **anyone but the client** a violation of the law. Workers violating this section may be sued in court, disciplined or fired.

Wage Data Utilization by the States - #45 – Section 403, PL 95-216. Wage data utilization is protected by Chapter II, Title 45, Code of Federal Regulations, parts 205 and 205. Section 272.8 Income and Eligibility Verification system – (IEVS) – requires state agencies to use IEVS. IEVS also requires states to use SAS, IRS, UIB, SEU and SSI income to determine eligibility. These regulations specify the requirements for state agencies to request wage data from the state unemployment compensation agencies.

Unemployment Insurance – 20 CFR 603.6-7 – Information may be used only to administer specific programs and may not be shared with unauthorized persons. Violations of this section may result in suspension, fines or dismissal.

Food Stamps – 7 CFR 272.1(c) restricts the use of Food Stamp information obtained on applicants or recipients of Food Stamps to persons directly connected to the administration of the Food Stamp Act or regulations, other Federal assistance programs, or people who are directly connected to programs required by the Income and Eligibility Verification System (IEVS) legislation. Workers making unauthorized disclosures are in violation of the law and may be subject to suit, discipline, or termination of employment. Information released to the State agency pursuant to section 6103(1) of the Internal Revenue Code of 1954 shall be subject to the safeguards established by the Secretary of the Treasury in Section 6103(1) of the Internal Revenue Code and implemented by the Internal Revenue Service in its publication, Tax Information and Security Guidelines.

Department of Health and Senior Services – 193.245 RSMo – The unauthorized disclosure of information from the DHSS files is a violation of state and federal law and the worker may be found guilty of a misdemeanor.

Missouri State Children's Services Law – 208.120, 210.110-210.150 and 453.120 RSMo. Children's Services Procedure Handbook (A8-A9, B-7, C13-C14, D26-D27, and E17-E18). Missouri State law requires FSD to determine the eligibility from all facts and circumstances surrounding the claimant, including his living conditions, earning capacity, income and resources, from whatever resource received. All reports made by the local offices and central registry shall be confidential. Any violations of Sections 210.110-201.165 shall be guilty of a Class "A" Misdemeanor (punishable by a fine of up to \$1,000 and/or a jail sentence of up to one year.) Violation of 453.120 RSMo is a Class "C" Misdemeanor. Children's Services case files contain Child Abuse, Protective Services and Alternative Care information which is restricted by these laws. Access, with the Family Support Division, is only to specific workers on a need to know basis.



MISSOURI DEPARTMENT OF SOCIAL SERVICES
DIVISION OF FAMILY SERVICES
CONFIDENTIALITY AGREEMENT

All persons using or inquiring the Division of Family Services FAMIS must read and sign this confidentiality agreement that describes the many state and federal laws and regulations that safeguard our client information. The specific laws governing the use of the information received are below. Laws apply regardless of how we receive the information, i.e. from the client themselves, from a collateral, a document or a computer match, etc. Responsible handling of information dictates not only "what" is shared and "to whom" but also "where". Do not share information about clients over lunch, coffee breaks, in halls or elevators where others may overhear names or identifying information. Remember each individual contributes to the collective professional reputation of an agency.

You may be reprimanded, with a copy in your permanent file, suspended without pay or fired for violating these confidentiality laws and regulations. Violation of some of the laws may result in misdemeanor or felony prosecution with penalties established by law upon conviction. If you have any questions ask your supervisor for further information and clarification. You are given a copy of this confidentiality agreement to keep in your permanent records. We recommend you read through the agreement periodically to keep it fresh in your mind.

I have read and understand the following confidentiality laws. By signing this document I understand the penalties for violating the confidentiality of DFS clients or other agency's information.

NAME PRINTED	SIGNATURE	SSN	DATE
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Temporary Assistance for Needy Families and Medicaid

Temporary Assistance for Needy Families, Cash Programs & Medicaid - Missouri Revised State Statute 208.120.1. For the protection of applicants and recipients, all officers and employees of the state of Missouri are prohibited, except as hereinafter provided, from disclosing any information obtained by them in the discharge of their official duties relative to the identity of applicants for or recipients of benefits or the contents of any records, files, papers, and communications, except in proceedings or investigations where the eligibility of an applicant to receive benefits, or the amount received or to be received by any recipient, is called into question, or for the purposes directly connected with the administration of public assistance. In any judicial proceedings, except such proceedings as are directly concerned with the administration of these programs, such information obtained in the discharge of official duties relative to the identity of applicants for or recipients of benefits, and records, files, papers, communications, and their contents shall be confidential and not admissible in evidence. 2....3. It shall be unlawful for any person, association, firm, corporation or other agency to solicit, disclose, receive, make use of or authorize, knowingly permit, participate in or acquiesce in the use of any name or lists of names for commercial or political purposes of any nature; or for any name or list of names of recipients secured from such report in the county welfare office to be published in any manner. Anyone willfully or knowingly violating any provisions of this section shall be guilty of a misdemeanor. If the violation is by other than an individual, the penalty may be adjudged against any officer, agent, employee, servant or other person of the association, firm, corporation or other agency who committed or participated in such violation and is found guilty.

Temporary Assistance for Needy Families - Code of Federal Regulations (CFR) 45 § 250.50 (a) (1) (v) State Plan Requirements. The State or local agency responsible for the administration of the State plan has authority to disclose the current address of a recipient to a State or local law enforcement officer at his or her request. Such information is disclosed only to law enforcement officers who provide the name and Social Security number of the recipient and satisfactorily demonstrate that: (A) the recipient is a fugitive felon....(B) The location or apprehension of such felon is within the law officer's official duties; and (C) The request is made in the proper exercise of those duties.

(2) The agency will have clearly defined criteria which govern the types of information that are safeguarded and the conditions under which such information may be released or used....(i) types of information to be safeguarded include but are not limited to: (A) The names and addresses of particular individual ...; (C) Agency evaluation of information about a particular individual; (D) Medical data

(ii) The release or use of information concerning individuals applying for or concerning individuals applying for a receiving financial assistance is restricted to persons or agency representatives who are subject to standards of confidentiality which are comparable to those of the agency administering the financial assistance programs.

Medicaid CFR 42 Subpart F § 431.306 and § 431.307 (a) The agency must have criteria specifying the conditions for release and use of information about applicants and recipients. (b) Access to information concerning applicants or recipients must be restricted to persons or agency representatives who are subject to standards of confidentiality that are comparable to those of the agency (c) The agency must not publish names of applicants or recipients (d) The agency must obtain permission from a family or individual, ...before responding to a request for information from an outside source...431.307 (a) All materials distributed to applicants, recipients, or medical providers must (1) Directly relate to the administration of the Medicaid program...

Food Stamps

Part 272.1 (c)(1)(i) through (3) Disclosures. (1) Use or disclosure of information obtained from food stamp applicant or recipient households shall be restricted to: (i) Persons directly connected with the administration or enforcement of the provisions of the Food Stamp Act or regulations, other Federal assistance programs, federally-assisted State programs providing assistance on a means-tested basis to low income individuals, or general assistance programs which are subject to the joint processing requirements....(ii)...(iii) Persons directly connected with the verification of immigration status of aliens applying for food stamp benefits through .. SAVE programs to the extent, the information is necessary to identify the individual for verification purposes. (iv) Persons directly connected with the administration of the Child Support Program under Part D, Title IV of the Social Security Act in order to assist in the administration of that program....(v) Employees of the Comptroller General's Office of the US for audit examination authorized by any other provision of law and (vi) Local, State or Federal law enforcement officials, upon their written request for the purpose of investigation an alleged violation of the Food Stamp Act or regulation. The written request shall include the identity of the individual requesting the information and his authority to do so, violation being investigated and the identity of the person on whom the information is requested....

(3) If there is a written request by a responsible member of the household, its currently authorized representative, or a person acting on its behalf to review material and information contained in its casefile, the material and information contained in the casefile shall be made available for inspection during normal business hours....

Internal Revenue Service -- A computer match is completed with the IRS for unearned income information. Information displayed on a computer screen received from the match or any form/notice produced as a result of the match are included in the following Internal Revenue Code (IRC) and the 1997 Taxpayer Browsing Protection Act.

IRC Section 7213 (a) states the unauthorized disclosure of Federal tax return information is a felony punishable by a \$5000 fine, up to five years imprisonment or both, together with the costs of prosecution.

IRC Section 7431 permits a taxpayer to bring suit against individual staff for civil and punitive damage in U.S. District Court for willful disclosure or gross negligence for unauthorized disclosures even after DFS employment terminates.

IRC Section 6103 prohibits a person from willfully disclosing any return information except as authorized by Title 26 or the United States Code

The 1997 Taxpayer Browsing Protection Act provides a penalty for the willful, unauthorized access or inspection of federal tax information, both electronic and paper formats. Upon conviction, the criminal misdemeanor penalty is a fine of up to \$1000 and/or imprisonment up to one year. Civil damages for each finding of liability are up to \$1000 or actual damages whichever is greater. If gross negligence or willful unauthorized inspection or disclosure, punitive damages may be assessed.

IRC Section 2651 requires that Social Security information from computer matches be treated the same as IRS data (26 U.S.C. 6103)

Unemployment Insurance and Wage information used by States -- Information received from the computer match with the Division of Employment Security files may only be used to administer DFS programs and may not be shared with other persons. You may not access the information of any person not requesting benefits from a DFS program or other clients that are not assigned to your workload, including your own information.

20 CFR 603.7 Protection of confidentiality. (a) State unemployment compensation agencies shall require requesting agencies receiving information under this part to comply with the following measures to protect the confidentiality of the information against unauthorized access or disclosure: (1) The information shall be used only to the extent necessary to assist in the valid administrative needs of the program receiving such information and shall be disclosed only for these purposes as defined in this agreement: (2) ... (3) The information shall be stored in a place physically secure from access by unauthorized persons; (4) Information in electronic format, ..., shall be stored and processed in such a way that unauthorized persons cannot retrieve the information by means of computer, remote terminal or other means; (5) Precautions shall be taken to ensure that only authorized personnel are given access to on-line files; (6) (i) The requesting agency shall instruct all personnel with access to the information regarding the confidential nature of the information, the requirements of this part, and the sanctions specified in State unemployment compensation laws against unauthorized disclosure of information covered by this part, and any other relevant state statutes, and ...

(b) Any requesting agency is authorized to redisclose the information only as follows: (1) Any wage or claim information may be given to the individual who is the subject of the information; (2) Information about an individual may be given to an attorney or other duly authorized agent representing the individual if the individual has given written consent and the information is needed in connection with a claim for benefits against the requesting agency (3) Any wage or claim information may be given to another requesting agency as defined in this part or to any criminal or civil prosecuting authorities acting for or on behalf of the requesting agency...

Division of Child Support Enforcement

CRF 45 Ch.III § 303.21 (a) (1) thru (3) and (b) Safeguarding information. (a) Under State statute which imposes legal sanctions, the use or disclosure of information concerning applicants or recipients of support enforcement services is limited to purposes directly connected with: (1) The administration of the plan or program approved under parts A, B, D, E or R of title IV or under titles I, X, XIV, XIX or XX or supplemental security income program established under title XVI; (2) Any investigations, prosecution or criminal or civil proceeding conducted in connection with the administration of any such plan or program; (3) The administration of any other Federal or Federally assisted program which provides assistance, in cash or in kind, or services, directly to individuals on the basis of need: ... (b) These safeguards shall also prohibit disclosures to any committee or legislative body (Federal, State, or local) of any information that identifies by name or address any such applicant or recipient.

Missouri State Children's Services Law

State Statute 210.150 Confidentiality of reports and records, exceptions-violations, penalty. 1. The division of family services shall ensure the confidentiality of all reports and records made pursuant to sections 210.109 to 210.183 and maintained by the division, its local offices, To protect the rights of the family and the child named in the report as a victim, the Division of Family Services shall establish guidelines which will ensure that any disclosure of information concerning the abuse and neglect involving that child is made only to persons or agencies that have a right to such information.

3. Only the following persons shall have access to records maintained by the division pursuant to section 210.152 for which the division has received a report of child abuse and neglect and which the division has determined that there is insufficient evidence or in which the division proceeded with the family assessment and services approach: (1) Appropriate staff of the division.....

5. Any person who knowingly violates the provisions of this section, or who permits or encourages the unauthorized dissemination of information contained in the information system or the nature of information contained in the information system or the central registry and in reports and records made pursuant to sections 210.109 to 210.183, shall be guilty of a class A misdemeanor.

Department of Mental Health

State Statute 630.140 Records confidential, when-may be disclosed, to whom, how, when-release to be documented . . . 1. Information and records compiled, obtained, prepared or maintained by the residential facility or day program operated, funded or licensed by the department or otherwise in the course of providing services to either voluntary or involuntary patients, residents or clients shall be confidential. 2 ... 3. The facilities or services may disclose information and records under any of the following: (1) As authorized by the patient, resident or client; (2) To persons or agencies responsible for providing health care services to such patients, residents or clients; (3) To the extent necessary for a recipient to make a claim or for a claim to be made on behalf of a recipient for aid or insurance; ... 4. The facility or program shall document the dates, nature, purposes and recipients of any records disclosed under this section and sections 630.145 and 630.150.5 ...

Social Security Administration

Social Security Act Section 1137 (1) Data provided by SSA shall not be redisclosed or used for any purpose other than to determine eligibility for, or the amount of, benefits under a State-administered health/income maintenance program required by law. Such state administered programs must be described in statements of routine use published by SSA in the Federal Register or otherwise specifically approved by SSA. The State Agency may, however, disclose the information provided with the consent of the subject individual as provided in the BENDEX handbook. (2) ...

(3) That files provided by SSA, and the information contained therein, will not be duplicated or disseminated within or outside the State Agency without the written approval of SSA.

NAME PRINTED	SIGNATURE	SSN	DATE
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MISSOURI DEPARTMENT OF SOCIAL SERVICES
DIVISION OF FAMILY SERVICES
FAMIS USER REQUEST
TO ACCESS THE FAMIS SYSTEM

USER ID

Instructions Staff, contractors or volunteers wishing to access the FAMIS system must complete the following information. Local Security Coordinator may add contractor/volunteer persons that will work in the county office. State Security Administrators will add central office staff, all other contract persons and staff from other agencies.

ACTION REQUESTED

- ☐ Add a New User ☐ Request Another User ID ☐ End FAMIS User ID of _____
☐ Revoke User ☐ Name Change (also Submit DFS137 for name change and termination to Central Security.)

EMPLOYEE OR REQUESTOR INFORMATION

1. FIRST NAME	MIDDLE NAME	LAST NAME	SSN
			- - -

IF NAME CHANGED, PREVIOUS NAME

2. ☐ Central Office ☐ Area Office ☐ County Office
☐ IM ☐ CS ☐ Clerical ☐ Technical Support ☐ Contractor/Volunteer

3. DEPARTMENT _____ DIVISION _____

4. BASE LOCATION OFFICE NAME (IF YOU ARE A DFS EMPLOYEE, THIS MUST BE A DFS OFFICE)

5. WORK LOCATION OFFICE NAME AND ADDRESS

6. WORK LOCATION PHONE NUMBER AND FAX NUMBER
WORK: - - - FAX: - - -

7. CONTRACTOR NAME OR NAME OF VOLUNTEER AGENCY, ADDRESS

8. SIGNATURE OF PERSON REQUESTING ACCESS JOB TITLE DATE

9. ENTERED INTO FAMIS BY DATE

YOU MUST SIGN THE CONFIDENTIALITY AGREEMENT BEFORE A USER ID IS ASSIGNED TO YOU



MISSOURI DEPARTMENT OF SOCIAL SERVICES
DIVISION OF FAMILY SERVICES

REQUEST FOR ACCESS TO FAMIS INFORMATION

ACCESS OR REVOCATION OF PROFILE TO A FAMIS USER GRANTED BY LOCAL SECURITY ADMINISTRATOR

NAME OF REQUESTER	USER ID
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CHECK THE PROFILES TO "A"DD OR "R"EVOKE

PROFILE	PROFILE ID	ACTIONS DONE	SUGGESTED AUDIENCE
<div>A R</div> <div><input type="checkbox"/> <input type="checkbox"/> Resource Directory Inquiry</div> <div><input type="checkbox"/> <input type="checkbox"/> Resource Update</div> <div><input type="checkbox"/> <input type="checkbox"/> Registered Provider Update</div> <div><input type="checkbox"/> <input type="checkbox"/> Courtesy Application</div> <div><input type="checkbox"/> <input type="checkbox"/> County Supervision</div> <div><input type="checkbox"/> <input type="checkbox"/> CC Provider Attendance</div> <div><input type="checkbox"/> <input type="checkbox"/> CC Reimburse Attendance</div> <div><input type="checkbox"/> <input type="checkbox"/> Caseload Maintenance</div> <div><input type="checkbox"/> <input type="checkbox"/> Case Transfer</div> <div><input type="checkbox"/> <input type="checkbox"/> Check Update</div> <div><input type="checkbox"/> <input type="checkbox"/> Universal Used Unrestricted</div> <div><input type="checkbox"/> <input type="checkbox"/> Caseworker</div> <div><input type="checkbox"/> <input type="checkbox"/> Supervisor</div> <div><input type="checkbox"/> <input type="checkbox"/> Clerical</div> <div><input type="checkbox"/> <input type="checkbox"/> Childrens Services</div> <div><input type="checkbox"/> <input type="checkbox"/> EAW</div>	DFS\$P701 DFS\$P702 DFS\$P703 DFS\$P705 DFS\$P720 DFS\$P721 DFS\$P722 DFS\$P723 DFS\$P724 DFS\$P734 DFS\$P735 DFS\$P752 DFS\$P753 DFS\$P754 DFS\$P757 DFS\$P762	Inquiry Resources/Reg Providers Maintain resources in Resource Directory Maintain registered CC providers Client data update, caseload data Invoice attendance entered Client CC receipts entered Maintain caseloads & sup units Chg client address to new county To record when check returned	All Users Clerical, Caseworkers Clerical, Caseworkers, Supervisor Caseworkers, Supervisor County Directors, Supervisor Clerical, Caseworkers Clerical, Caseworkers County Director, Supervisors, Clerical Clerical, Supervisor Staff That Handles Checks Returned to County County Directors, IM Supervisors Caseworkers Supervisor Clerical CS Staff Energy Assistance Workers

☐ Revoke All Access Revoke all profiles assigned to FAMIS User

I, the undersigned, an employee or authorized contract representative of the State of Missouri, understand that approval and assignment of the requested ID or change in access enables me to access the resources, which by law, must be utilized only in the performance of my assigned duties. Therefore, I agree to make no inquiries or updates which are not required in the performance of my official duties. I have been made aware by signing the confidentiality agreement and verbally there are numerous state and federal statutes making information confidential and that those statutes can carry penalty provisions for unauthorized disclosure of the information. Violations or disclosures on my part may result in disciplinary action that could include one or all of the following: 1) suspension; 2) civil court action; and 3) dismissal. I agree not to divulge or share my password with anyone.

SIGNATURE (PERSON REQUESTING ACCESS)	TITLE	SSN	DATE
SUPERVISOR			DATE
LOCAL SECURITY ADMINISTRATOR			DATE
ENTERED INTO FAMIS BY			DATE

Signature of FAMIS users that have terminated their employment or contract with DFS or are no longer a volunteer are not required to revoke all access to FAMIS profiles.